## 2004 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P94000021876 1. Entity Name ANDRE & SON PRODUCE, INC. Principal Place of Business Mailing Address **509 HOLIDAY DRIVE 509 HOLIDAY DRIVE** HALLANDALE, FL 33009 HALLANDALE, FL 33009 01212004 No Chg-P CR2E034 (10/03) ☐O NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0477018 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REJEAN, LAPIERRE DO NOT WRITE 7800 W. OAKLAND PARK BLVD., BLDG "G" SUNRISE, FL 33351 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVTD TITLE FECTEAU, ANDRE NAME STREET ADDRESS 509 HOLIDAY DR CITY-ST-ZIP HALLANDALE, FL 7000000034287 02/05/04-80076-025 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is take and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

ATORE AND TYPED OR PRINTED THAT OF SIGNING OFFICER OR DIRECTUR

2-01- dary

154-749-8802