


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000008832**

1. Entity Name  
 REINALDO PRODUCE, CORP.



Principal Place of Business  
 C/O REINALDO QUINTANA SR.  
 2151 N.W. 13TH AVE.  
 MIAMI, FL 33125

Mailing Address  
 C/O REINALDO QUINTANA SR.  
 2151 N.W. 13TH AVE.  
 MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0560981** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, REINALDO SR  
 2151 N.W. 13TH AVE.  
 MIAMI, FL 33125

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTANA, REINALDO SR
STREET ADDRESS	440 NW 32ND PLACE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	SD
NAME	QUINTANA, ZENAIDA
STREET ADDRESS	440 NW 32ND PLACE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/26/06-80017-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 to 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 all other like empowered.

SIGNATURE: *Reinaldo Quintana* **4-17-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINALDO QUINTANA SR-