


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000036278</b> 1. Entity Name <b>GREENFIELDS PRODUCE COMPANY</b>	
--	---

Principal Place of Business <b>8405 N.W. 53RD STREET SUITE A-104 MIAMI, FL 33166 US</b>	Mailing Address <b>P O BOX 59-2936 MIAMI, FL 33159-2936 US</b>
--	---

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0578607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HALLER, KENNETH M 12515 N KENDALL DRIVE SUITE 314 MIAMI, FL 33186</b>
---

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TORRES, GONZALO JR 8405 NW 53RD ST #A-104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FAYA, CLARA M 8405 NW 53RD ST #A-104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

000000109364  
04/12/04-80041-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date: <b>04.07.04 (305)</b>	Daytime Phone #: <b>418-4321</b> <b>418-4804</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		