


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90046 008 ***150.00

DOCUMENT # P96000069465 1. Entity Name WEST INDIAN PRODUCE, INC.																													
Principal Place of Business 1306 NW 125 TERR FORT LAUDERDALE, FL 33323 US			Mailing Address 1306 NW 125 TERR FORT LAUDERDALE, FL 33323 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0691155																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent FLETCHE, HALRIE 1306 NW 125 TERR FORT LAUDERDALE, FL 33323				7. Name and Address of New Registered Agent Name HALRIC E. FLETCHER Street Address (P.O. Box Number is Not Acceptable) 1306 N-W 125 TERR City SUNRISE FL Zip Code 33323																									
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: <i>H Fletcher</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D FLETCHER, HALRIE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1306 NW 125 TR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SUNRISE, FL 33323</td> </tr> </table>			TITLE	D FLETCHER, HALRIE	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1306 NW 125 TR		CITY-ST-ZIP	SUNRISE, FL 33323		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D/P/S HALRIC E. FLETCHER</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1306 N-W 125 TERR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SUNRISE FL 33323</td> </tr> </table>			TITLE	D/P/S HALRIC E. FLETCHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1306 N-W 125 TERR		CITY-ST-ZIP	SUNRISE FL 33323	
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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 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: <i>H Fletcher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
				Date 01-25-05 <small>Daytime Phone #</small>																									

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