

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 028 ***150.00

DOCUMENT # P97000012736 1. Entity Name L.B.J. PRODUCE, INC.			
Principal Place of Business 1620 NW 21ST ST MIAMI, FL 33142 US		Mailing Address 1620 NW 21ST ST MIAMI, FL 33142 US	
2. Principal Place of Business 2960 NW 27th Street		3. Mailing Address P.O. Box 101232	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oakland Park, Florida		City & State Ft. Lauderdale, Florida	
Zip 33311		Zip 33310	
Country U.S.		Country U.S.	
4. FEI Number 65-0727578		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OKUN, LARRY 1620 NW 21ST STREET MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Larry OKUN Street Address (P.O. Box Number is Not Acceptable) 2960 NW 27th Street City Oakland Park FL Zip Code 33311	
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.</small>		DATE 2.4.06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD OKUN, LARRY 1620 NW 21ST STREET MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OKUN, JEFFREY A 1620 NW 21ST STREET MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD ROSS, ADAM 1758 SYCAMORE TR WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 the empowered.			
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2.4.06 Daytime Phone # 954 931 9783	