2008 FOR PROFIT CORPORATION

FILED Apr 30, 2008 8:00 am

ANNUAL REPURI						Secretary of State				
1. Entity Nam	MENT # P97 ODUCE, INC.	700001273	36				04-30-2008 9	_		
Delevioral Plans of Designation					_	1	0002	12250	L	
Principal Place of Business			Mailing Address				6003	13259	į.	
2960 NW 27 STREET Fort Lauderdale, FL 33311 US			PO BOX 101232 Fort Lauderdale, FL 33310 US							
TORT LAUDE	NONEL, IE 33311	03	TORT CAUDERDALE, IT	. 33310	, 03		,			
										
2. Principal P	lace of Business - No P.	O. Box # 3.	Mailing Address				i			
Suite, Apt. #. etc.			Suite, Apt. #, etc.			04252008	Chg-P	CR2E	034 (12/06))
City & State			City & State			4. FEI Numb			A	pplied For
Zip Country			Zip Country			65-072	2/5/8			lot Applicable
C.B	3001111)		2.6	000	.,	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered	Agent	
OKUN LA	ppv				Name					
OKUN, LARRY 2960 NW 27 STREET				Street Address (Street Address (13.0. Box Number is Not Acceptable)					
FORT, LAUDERDALE, FL 33311										
									 	
					City			FL	Zip Cod	je
8. The above	named entity submits th	is statement for the	purpose of changing its	register	ed office or register	reci agent, or bo	oth, in the State of Flo	rida. I am	familiar with	, and accept
the obligat	ions of registered agent.									
SIGNATURE_	Signature, typed or printed name	of receipted agest and title	if applicable (NOT	C Boggetern	d Agent signature required	(usha a constation)		DATE		
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FIL	E NOW!!! FEE IS \$	150.00	9. Election Campa		· — ••	.00 May Be				
After Ma	ay 1, 2008 Fee wil	l be \$550.00	Trust Fund Cont	ribution.	☐ Add	led to rees				
10.		FFICERS AND DIRE	CTORS	11.		ADD/TIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	PRES Delete ITIL								☐ Change	Addition
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TITLE	STD Delete IIIL								☐ Change	Addition
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STREET ADDRESS CITY - ST - ZIP		α			ET ADDRESS ·ST-ZIP					
	ertify that the information	Supplied with this	filing food not qualify to			Lin Chapter 110	Florida Statutos 15	urther cost	du that the :-	oformatic=
indicated of the corp	on this report or suppled poration or the receive of or on an attachment will be seen the receive of or on an attachment will be seen the receive of the received or on an attachment will be received the received or on an attachment will be received the re	heatal report is true prirustee empowere	and accurate and that need to execute this report	ny signat as requir	ure shall have the s	same legal effec	t as if made under oa	eth: that I a	m an officer	or director
CICHATURE STEEL BOOK LARRY BIKING 4-78.08										
SIGNATURE: SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davis Prone #										