


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 044 ***150.00

DOCUMENT # <u>P980000101744</u>	
1. Entity Name <u>M&R HARVESTING, INC.</u>	

DO NOT WRITE IN THIS SPACE

40061231

2. Principal Place of Business <u>12765 W. FOREST Hill Blvd.</u>	3. Mailing Address <u>12765 W. FOREST Hill Blvd.</u>
Suite, Apt. #, etc. <u># 1304</u>	Suite, Apt. #, etc. <u># 1304</u>
City & State <u>Wellington, FL</u>	City & State <u>Wellington, FL</u>
Zip <u>33414</u>	Country <u>U.S.A.</u>

CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1027388</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name	Street-Address (P.O. Box Number is Not Acceptable).	
	City	<u>FL</u>	Zip Code

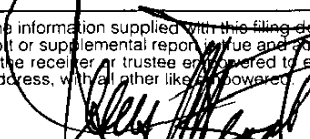
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$81.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Miguel R PERALES 11750 St. Andrews Pl. # 305 Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VS Jesus Perales 12765 Forest Hill Blvd # 1304 Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S JESUS PERALES 12765 W. Forest Hill Blvd. # 1304 Wellington, FL 33414</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	

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 on an attachment with an address, with all other like powers.

SIGNATURE:  Jesus H. Perales, 4-20-06 (561) 798-9822

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