

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000027512

1. Entity Name
FOREVER PRODUCE, INC.



Principal Place of Business
1351 SW 141 AVE.
APT. 208
PEMBROKE PINE, FL 33027

Mailing Address

1351 SW 141 AVE.
APT. 208
PEMBROKE PINE, FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0822203

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENOCI, DONNA
8315 SW 42ND COURT
DAVIE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete Change Addition

TITLE DP
NAME LENOCI, VITO
STREET ADDRESS 1351 SW 141 AVE. APT. 208
CITY-ST-ZIP PEMBROKE PINES, FL 33027

Delete Change Addition

TITLE DST
NAME LENOCI, DONNA
STREET ADDRESS 1351 SW 141 AVE. APT. 208
CITY-ST-ZIP PEMBROKE PINE, FL 33027

Delete

Change Addition

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.

Donna Lenoci

Pres 1021ST

4/1/04 954-434-4341

Date

Daytime Phone #

SIGNATURE: *Donna Lenoci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

94043110



01142004 Chg-P CR2E034 (10/03)

04-07-2004 90008 028 ***150.00

4/1/04 954-434-4341