2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 08:00 AN Secretary of State DOCUMENT # P98000028988 DOMINGUEZ PRODUCE, INC. Principal Place of Business Mailing Address **5216 CENTON STREET** PO BOX 1091 WIMAUMA, FL 33598 WIMAUMA, FL 33598 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3495329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVARADO-DOMINGUEZ, MARIA JULIA DO NOT WRITE **5216 14TH STREET** WIMAUMA, FL 33598 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ALVARADO, MARIA JULIA POST OFFICE BOX 1091 N/A STREET ADDRESS CITY-ST-ZIP WIMAUMA, FL 33598 TITLE U00000841113 03/10/08-80004-009 150.00 DOMINGUEZ, BEATHA NAME STREET ADDRESS 5616 CENTON ST. CITY-ST-ZIP WIMAUMA, FL 33598 THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 exemptions contained in Chapter 119. Florida Statutes 1 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: Manua House of Signing Officer on Director

TITLE

STREET ADDRESS
CITY-ST-ZIP

e Daytime Phone #

FILED