

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028988

Entity Name: DOMINGUEZ PRODUCE, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

5216 CENTON STREET
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

PO BOX 1091
WIMAUMA, FL 33598

New Mailing Address:

FEI Number: 59-3495329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO-DOMINGUEZ, MARIA JULIA
5216 14TH STREET
WIMAUMA, FL 33598 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVARADO, MARIA JULIA
Address: POST OFFICE BOX 1091 N/A
City-St-Zip: WIMAUMA, FL 33598

Title: ST () Delete
Name: DOMINGUEZ, BEATHA
Address: 5616 CENTON ST.
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVARADO, MARIA JULIA
Address: POST OFFICE BOX 1091 N/A
City-St-Zip: WIMAUMA, FL 33598

Title: ST (X) Change () Addition
Name: DOMINGUEZ, BERTHA
Address: 5616 CENTON ST.
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA J ALVARADO

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date