

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 038 ***150.00

DOCUMENT # P98000062758

1. Entity Name

OLIVERA & SONS PRODUCE, INC.



Principal Place of Business

1800 SW 1 ST, STE. 324
MIAMI FL 33125
US

Mailing Address

1800 SW 1 ST, STE. 324
MIAMI FL 33125
US

2. Principal Place of Business

6187 NW 167 ST

Suite, Apt. #, etc.

Suite H4

City & State

MIAMI LAKES FL

Zip

33015

Country

USA

3. Mailing Address

6187 NW 167 ST

Suite, Apt. #, etc.

Suite H4

City & State

MIAMI LAKES FL

Zip

33015

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

05-0596887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PATRICIA
3375 NORTH COUNTRY CLUB DR #607
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

GONZALEZ, PATRICIA

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

2415 SAN PIETRO Circle.

City

PALM BEACH GARDENS

State

FL

Zip

33310

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

Patricia Gonzalez/President

1/18/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME GONZALEZ, PATRICIA
STREET ADDRESS 3375 NORTH COUNTRY CLUB DR #607
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ Delete
NAME GONZALEZ, PATRICIA
STREET ADDRESS 3375 NORTH COUNTRY CLUB DR #607
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition
NAME Gonzalez, Patricia
STREET ADDRESS 2415 San Pietro Circle
CITY-ST-ZIP PALM BEACH GARDENS FL 33310

TITLE D ☒ Change ☐ Addition
NAME Gonzalez, Patricia
STREET ADDRESS 2415 San Pietro Circle
CITY-ST-ZIP PALM BEACH GARDENS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

Date

(786) 547 0629

Daytime Phone #