


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 024 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000101053		
1. Entity Name GENARO PRODUCE INCORPORATED		
Principal Place of Business 1200 N.W. 22ND STREET UNIT 72-94 MIAMI, FL 33142		Mailing Address 1200 N.W. 22ND STREET UNIT 72-94 MIAMI, FL 33142
2. Principal Place of Business 900 NW 22 ST		3. Mailing Address 900 NW 22 ST
City & State Miami FL		City & State Miami FL
Zip 33127		Zip 33127
Country DADE		Country DADE
4. FEI Number 65-0881677		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARAGON, GENARO 1200 N.W. 22ND STREET UNIT 72-94 MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: GENARO ARAGON Street Address (P.O. Box Number is Not Acceptable): 900 NW 22 ST City: MIAMI FL Zip Code: 33127
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning))</small>		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ARAGON, TEDDORO 8150 OLD CUTTER RD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ARAGON, GENARO 10407 NW 133CT HIALEAH GARDENS, FL 33118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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. 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 of such corporation; 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 _____ DATE _____ <small>(Signature and typed or printed name of issuing officer or director)</small>		Date: 4-27-06 (305) Office Phone # _____

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