
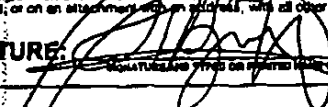


FILED
Jun 28, 2007 8:00 am
Secretary of State

4/30/

04-30-2007 90835 036 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000101053			
1. Entity Name GENARO PRODUCE INCORPORATED			
Principal Place of Business 900 NW 22 ST MIAMI, FL 33127		Mailing Address 900 NW 22 ST MIAMI, FL 33127	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suns. Apt. #, etc.		Rm. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent ARAGON, GENARO 900 NW 22ST MIAMI, FL 33127		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
9. 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) M/D/Y: Registered Agent (signature required when returning) DATE</small>			
FILE MONTH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Filing	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAGDN, TEDDORO	NAME	
STREET ADDRESS	8160 OLD CUTTER RD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33143	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAGON, GENARO	NAME	
STREET ADDRESS	10407 NW 133CT	STREET ADDRESS	
CITY-ST-ZIP	HALEAH GARDENS, FL 33118	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied on 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 partner or trustee responsible 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, and all other the empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	

66619878



04242007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0881677** Applied For Not Applicable

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