2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AN Secretary of State

DOCUMENT # P99000020593 1. Entity Name MARIA'S PRODUCE & GARDEN, INC.				Secretary of State		
•	e of Business	Mailing Address	<u>L</u> .			
	WORTH ROAD 1, FL 33467	7439 LAKE WORTH ROAD LAKE WORTH, FL 33467				
·						
,	O NOT WRITE	IN THIS SOA	CE	01252006	No Chg-P	CR2E034 (11/05)
L	O NOI WRITE	IN THIS STA	CE	4. FEI Number 65-08891	138	Applied For Not Applicable
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		-	· · · · · · · · · · · · · · · · · · ·	
GOMEZ, AMELIA J 7439 LAKE WORTH ROAD LAKE WORTH, FL 33467			DO NOT WRITE IN THIS SPACE			
8. The above the obligation	named entity submits this statement for tions of registered agent.		red office or register		in the State of Floric	da. I am familiar with, and accept
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Fina	ancing _ \$5	.00 May Be ed to Fees		
10.	OFFICERS AND I	DIRECTORS	1		JOCO	00510419 3-80005-003 150.0
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GOMEZ, AMELIA J 7439 LAKE WORTH RD LAKE WORTH, FL 33467			· <u>-</u> ·	04/29/00	-80005-003 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Base World, Le 30401					
TITLE NAME STREET ADDRESS				DO I	NOT WE	RITE
CITY-ST-ZIP		·	1		HIS SP	
	1		=	11.4 1		~~

12. I hereby certify that the information supplied with this filling 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 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:

STREET ADDRESS City - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MALLE DE TONGE OF DIRECTOR OR DIRECTOR

4-12-06

Date

Daytime Phone #