

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90006 003 ***150.00

DOCUMENT # P99000100587					
1. Entity Name FRUTICOL ENTERPRISES, CORP					
Principal Place of Business 200 SW 117 TERRACE - SUITE 10-201 PEMBROKE PINES, FL 33025 <i>CHANGE FOR 4/15/1</i>			Mailing Address 10294 NW 9 ST CIRCLE - STE. 202 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 2061 NW 112 AVE # 139		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MIAMI FL.</i>		City & State		04142008 Chg-P CR2E034 (12/06)	
Zip <i>33172</i> Country <i>USA.</i>		Zip Country		4. FEI Number 65-0960595	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORA, JORGE 200 SW 117 TERRACE - SUITE 10-201 PEMBROKE PINES, FL 33025			Name <i>Jorge Mora</i> Street Address (P.O. Box Number is Not Acceptable) <i>2061 NW 112 AVE #139</i> <i>MIAMI</i> City <i>MIAMI</i> FL Zip Code <i>33172</i>		
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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <i>5-5-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	P MORA, JORGE <input type="checkbox"/> Delete 200 SW 117 TERRACE - SUITE 10-201 PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>MORA Jorge</i> <i>2061 NW 112 AVE # 139</i> <i>MIAMI FL 33172</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENITEZ, LUIS A <input type="checkbox"/> Delete 200 SW 117 TERRACE - SUITE 10-201 PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>5-5-08</i> <small>Daytime Phone #</small>		