

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109851

1. Entity Name

EVERGREEN PRODUCE IMPORTS, INC.



Principal Place of Business

3500 45TH STREET
SUITE #18
W. PALM BEACH, FL 33407 US

Mailing Address

3500 45TH ST.
SUITE #18
WEST PALM BEACH, FL 33407



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0967549	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, JUDITH E
8386 7TH PLACE SOUTH
W. PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1000000518946

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TURDO, VALORIE M
STREET ADDRESS	11520 STONE HAVEN WAY
CITY-ST-ZIP	W. PALM BEACH, FL 33412

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05/02/06-80032-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Turdo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #