


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # S49399
 1. Entity Name
PALM PRODUCE REAL ESTATE, INC.



Principal Place of Business Mailing Address
 657 LINCOLN ROAD 657 LINCOLN ROAD
 MIAMI, FL 33139 US MIAMI, FL 33139 US



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0393311 Not Applicable

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

6. Name and Address of Current Registered Agent
LONG, BARRY
1335 LENOX AVE
MIAMI, FL 33139

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:  4/16/04
Signature, typed, printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

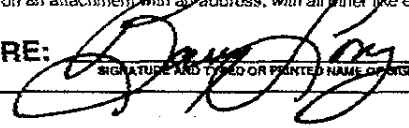
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	LICATA, STEPHEN
STREET ADDRESS	3845 COCO GROVE AVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	DP
NAME	LONG, BARRY
STREET ADDRESS	1335 LENOX AVE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/21/04-80013-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/16/04 305-534-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #