2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2007 08:00 AM DOCUMENT # \$74430 **Secretary of State** 1. Entity Name WEST DIXIE PRODUCE MARKET, INC. Principal Place of Business Mailing Address 208 PONCE DE LEON BLVD, 208 PONCE DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0348460 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRAFERMA ORESTE 208 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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 or registered agent and tide a applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mer Delete IIILE ☐ Change ☐ Addition TERRAFERMA, ORESTE U000000008488 NAM NAME 208 PONCE DE LEON BLVD. 02/01/07-80013-010 150.00 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-SI-ZIP CITY - ST - ZIP une Addition ☐ Delete THIF Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI ZIP CITY - ST- ZIP Im ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST ZIP THILE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREE I ADDRESS CITY-SI-ZIP CITY - ST - ZIP TITLE Delete HHE Change ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: WILL KATUHAMA OF SIGNING OFFICER OF DIRECTOR

1-95-07 (305/4/4/4-4/1)
Date Daytifie Phone A