## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S92413

2490 MEANDER LANE

SAFETY HARBOR, FL

Address: City-St-Zip:

Entity Name: AL'S PRODUCE CORPORATION

FILED May 15, 2006 Secretary of State

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Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	IDER LANE ARBOR, FL 3	34695			
Current Mailing Address:			New Mailing Address:		
	IDER LANE ARBOR, FL 3	34695			
FEI Number:	59-3094314	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SAFETY HA	IDER LANE ARBOR, FL 3 named entity:		ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
		nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST ( VINCA, AFRIM, 2490 MEANDE SAFETY HARB		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( VINCA, AFRIM, 2490 MEANDE SAFETY HARB		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD ( ]	Delete E,	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AFRIM VINCA PRES 05/15/2006