


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90069 037 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # V23837                                       |  |
| 1. Entity Name<br>FLORIDA FRESH WHOLESALE PRODUCE, INC. |   |

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| Principal Place of Business<br>950 VALLEY VIEW CIRCLE<br>PALM HARBOR, FL 34684 | Mailing Address<br>950 VALLEY VIEW CIRCLE<br>PALM HARBOR, FL 34684 |
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03012008 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3113894 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>ANUSBIGIAN, THERESA D.<br>950 VALLEY VIEW CIRCLE<br>PALM HARBOR, FL 34684 |
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| 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>Theresa D. Anusbigian</i> PRES THERESA D. ANUSBIGIAN PRES   | DATE: 3-31-08 |

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>ANUSBIGIAN, THERESA D.<br>950 VALLEY VIEW CIRCLE<br>PALM HARBOR, FL 34684 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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| 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>Theresa D. Anusbigian</i> PRES   | 5/1/08 727-787-8072 |