FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | Apr 23, 2007 08:00 A | | | |
|--|--|--|---|---|--|---|-----------------------------|
| DOCU | MENT # V50780 | | Secretary of State | | | | |
| 1. Entity Name TROPICANA FOOD BY THE POUND, INC. | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| | | 323 W FLAGLER ST. Hami, Fl. 33144 US | | | LI ORR DAM MARKUMA OOL LI | MAN ANDIN MANUN MENUN ANDIN DI MERATE | 1 172 1 |
| | | | | ' | | CR2E034 (11/05) | # !!!! |
| D | O NOT WRITE I | CE | 04202007 4. FEI Numb | No Chg-P | Applie | nd Far | |
| | | | · | 65-0429033 Not Applicable | | | |
| | 40-40-40-40-40-40-40-40-40-40-40-40-40-4 | | 1 . | 5. Certificate | of Status Desired | Fee Required | (Net) |
| | 6. Name and Address of Current Regis | sered Agent | <u> </u> | | | | |
| PULIDO, H 195 SW 12 | 24TH AVE. | | DO | NOT WE | RITE | | |
| MIAMI, FL 33184 | | | IN THIS SPACE | | | | |
| | | | | | | | : |
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its register | ed office or register | red agent, or bo | oth, in the State of Flori | da. 1 am familiar with, an | d accept |
| SIGNATURE. | Signature, typod or printed name of registered agent and title | fi applicable (NOTE: Registere | ad Agen; s gnakra roquno | when reinstaling) | | DATE | ' |
| | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | | .00 May Be led to Feos | | | | |
| 10. | OFFICERS AND DIRE | CTORS | 1 | | | | · · |
| TITLE Name | S PULIDO, HECTOR | | ŀ | | | | |
| STREET ADDRESS CITY-ST-ZIP | 195 SW 124 AVE MIAMI, FL | | | | | | |
| TITLE | PD MARIEON | | | | | | |
| NAME STREET ADDRESS | PULIDO, MARISOL 195 SW 124 AVE | | | | | | |
| TITLE | MIAMI, FL | | 1 | | | | |
| NAVE STREET ADDRESS | | | 1 | | | | |
| CITY-ST-ZIP | | | <u> </u> | DO | NOT W | RITE | |
| TITLE NAME | | | ł | IN | THIS SP | ACE | |
| STREET ADDRESS CITY-ST-ZIP | | | Ĭ | | | | |
| TITLE | } | | 1 | | | | |
| NAME STREET ADORESS | | | ł | | U000 100 /02 /0 |)00722836)7-80047-019 | 150 hA |
| C TY-ST-ZIP | | | 4 | | 03/02/0 |) הממנו מדים | LULEUS PU |
| TITLE HAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| | Entity that the information supplied with this of on this report or supplemental report is true reporation or the receiver or trustee empowerer, or on an attachment with an address, with a | illing does not quality for the ex and accurate and that my signs do to execute this report as requi ill other the empowered. | remptions containe ature shall have the sired by Chapter 60 | d in Chapter 11 same legal effe 7, Florida Statul | 9, Florida Statutes. I fuct as if made under oales; and that my name | urther certify that the info ath; that I am an officer or appears in Block 10 or Bl | mation " director ock 11 if |