

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000077144

**Entity Name:** PRO TREE FARMS INC.**Current Principal Place of Business:**75 VINEYARDS BLVD.  
NAPLES, FL 34119**Current Mailing Address:**75 VINEYARDS BLVD.  
NAPLES, FL 34119 US**FEI Number:** 47-5100894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, ROBERT  
75 VINEYARDS BLVD.  
NAPLES, FL 34119 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title VP  
Name MARIA, PROCACCI  
Address 75 VINEYARDS BLVD, 5TH FLOOR  
City-State-Zip: NAPLES FL 34119

Title VP, TREASURER, DIRECTOR  
Name PROCACCI, JOSEPH  
Address 75 VINEYARDS BLVD, 5TH FLOOR  
City-State-Zip: NAPLES FL 34119

Title CHAIRMAN, DIRECTOR  
Name PROCACCI, MICHAEL JR.  
Address 75 VINEYARDS BLVD, 5TH FLOOR  
City-State-Zip: NAPLES FL 34119

Title PRESIDENT  
Name SAADEH, MICHEL  
Address 75 VINEYARDS BLVD, 5TH FLOOR  
City-State-Zip: NAPLES FL 34119

Title VP, SECRETARY  
Name ROGERS, ROBERT  
Address 75 VINEYARDS BLVD, 5TH FLOOR  
City-State-Zip: NAPLES FL 34119

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT ROGERS****SECRETARY****04/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date