

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136176

**FILED
Apr 29, 2008
Secretary of State**

Entity Name: FABULOUS FRESH PRODUCE CORP.

Current Principal Place of Business:

1245 NW 21 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

PO BOX 310778
MIAMI, FL 33231

New Mailing Address:

FEI Number: 20-1684475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIVERA, KATTYA
11745 SW 99 COURT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CASTRO, FABIDA M
Address: 1331 BRICKELL BAY DRIVE, APT #905
City-St-Zip: MIAMI, FL 33131

Title: VTD () Delete
Name: CASTRO, PEDRO L
Address: 6365 COLLINS AVENUE, APT #3704
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CASTRO, FABIOLA M
Address: 1331 BRICKELL BAY DRIVE, APT #905
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: FABIOLA CASTRO

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04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date