## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G34927

Name:

Address:

City-St-Zip:

TOCA, SARA ELENA,

17630 S.W. 56TH STREET

FORT LAUDERDALE, FL 33331

FILED Sep 27, 2004 Secretary of State

Entity Name: RAHESA-FARMS INC.	Secretary of State
Entity Name: RAFIESA-FARING INC.	
Current Principal Place of Business:	New Principal Place of Business:
17630 S.W. 56TH STREET FORT LAUDERDALE, FL 33331	
Current Mailing Address:	New Mailing Address:
%GUSTAVO DIEZ 3321 S.W. 114 CT. MIAMI, FL 33165	% ESTEBAN VEGA 3001 S.W. 97 COURT MIAMI, FL 33165
FEI Number: 59-2341258 FEI Number Applied For ( ) FEI Nu	Imber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HAUSER, TERRY V. 444 BRICKELL AVE STE. 1000 MIAMI, FL 33131 US	VEGA, ESTEBANK 3001 S.W. 97 COURT MIAMI, FL 33165 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ESTEBAN VEGA	09/27/2004
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution ( ).	the prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         VD () Delete           Name:         TOCA,RAMON, JR.,           Address:         17630 S.W. 56TH STREET           City-St-Zip:         FORT LAUDERDALE, FL 33331	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         SD () Delete           Name:         TOCA,HECTOR,           Address:         17630 S.W. 56TH STREET           City-St-Zip:         FORT LAUDERDALE, FL 33331	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: TD ( ) Delete	Title: ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAMON TOGA JR. V 09/27/2004