

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J17068

Entity Name: CLABROOK FARMS, INC.

FILED
Jun 11, 2008
Secretary of State

Current Principal Place of Business:

26205 E HWY 50
CHRISTMAS, FL 32709

New Principal Place of Business:

Current Mailing Address:

5023 TAYLOR CREEK RD
CHRISTMAS, FL 32709 US

New Mailing Address:

FEI Number: 58-1685445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, SHANE
5023 TAYLOR CREEK ROAD
CHRISTMAS, FL 32709 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

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: BROOKS, WAYNE
Address: 5008 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: SV () Delete
Name: BROOKS, SHANE
Address: 5023 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BROOKS, WAYNE
Address: 5008 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: S (X) Change () Addition
Name: BROOKS, SHANE
Address: 5023 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: P () Change (X) Addition
Name: RANOT, SHLOMO
Address: 8 MSHE DAYAN STREET
City-St-Zip: RAANANA, ISRAEL, IS 43580

Title: VP () Change (X) Addition
Name: KAGAN, JACOB
Address: 455 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: SHANE BROOKS

S

06/11/2008

Electronic Signature of Signing Officer or Director

Date