

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005907

1. Entity Name
 MAYFLOWER FARMS, LLC.



Principal Place of Business
 C/O NICOLAS FERNANDEZ, P.A.
 780 NW LE JEUNE ROAD
 MIAMI, FL 33126

Mailing Address
 C/O NICOLAS FERNANDEZ, P.A.
 780 NW LE JEUNE ROAD
 MIAMI, FL 33126



01192004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
 780 NW LE JEUNE RD
 SUITE 324
 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

000000096032
 03/25/04-80012-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME LOZANO, EDGAR
 STREET ADDRESS 780 NW LE JEUNE RD., #324
 CITY-ST-ZIP MIAMI, FL 33126

TITLE MGRM
 NAME BEJARANO, ANA
 STREET ADDRESS 780 NW LE JEUNE RD., #324
 CITY-ST-ZIP MIAMI, FL 33126

TITLE MGR
 NAME BARQUIN, GEORGE
 STREET ADDRESS 780 NW LE JEUNE RD., #324
 CITY-ST-ZIP MIAMI, FL 33126

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

George Barquin

08/23/04

Date

Daytime Phone # _____