


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # N96000006549 1. Entity Name FLORIDA FARMERS, INC.	
---	---

Principal Place of Business 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309	Mailing Address 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309
---	---



05012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0714546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, J L
 1451 W CYPRESS CREEK RD
 STE 100
 FT LAUDERDALE, FL 33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMIGEL, GARY 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMARE, PAUL J 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, J. LUIS 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILL, DAVID 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAY 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESFORMES, JOSEPH 503 10TH ST WEST PALMETTO, FL

U00000757915
 05/23/07-80092-013 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. L. Rodriguez* 4/30/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #