


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90034 020 ***150.00

DOCUMENT # P02000040701

1. Entity Name
GLRS FARMS, INC.



Principal Place of Business
6205 S.W. 108TH STREET
MIAMI FL 33156

Mailing Address
6205 S.W. 108TH STREET
MIAMI FL 33156

2. Principal Place of Business
7600 SW 169 ST

3. Mailing Address
7600 SW 169 ST


Suite, Apt. #, etc.

City & State
PALMETTO BAY, FL

City & State
PALMETTO BAY, FL

Zip
33157 Country
DADE

Zip
33157 Country
DADE



1st MOORE CR2E034 (10/04)

4. FEI Number **02-0610049** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUNDGREN, RICHARD
6205 S.W. 108TH STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
LUNDGREN, RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
7600 SW 169 ST
 City
PALMETTO BAY FL Zip Code
33157

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 *Richard Lundgren* DATE 1-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNDGREN, RICHARD		NAME LUNDGREN, RICHARD	
STREET ADDRESS 6205 S.W. 108TH STREET		STREET ADDRESS 7600 SW 169 ST	
CITY-ST-ZIP MIAMI FL 33156		CITY-ST-ZIP PALMETTO BAY, FL 33157	
TITLE VD	<input type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNDGREN, ROBERT		NAME LUNDGREN, ROBERT	
STREET ADDRESS 6205 S.W. 108TH STREET		STREET ADDRESS 7600 SW 169 ST	
CITY-ST-ZIP MIAMI FL 33156		CITY-ST-ZIP PALMETTO BAY, FL 33157	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNDGREN, ROBERT M		NAME LUNDGREN, ROBERT	
STREET ADDRESS 6205 S.W. 108TH STREET		STREET ADDRESS 7600 SW 169 ST	
CITY-ST-ZIP MIAMI FL 33156		CITY-ST-ZIP PALMETTO BAY, FL 33157	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 607, 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: *Richard Lundgren* DATE 1-25-05 DAYTIME PHONE # 305-251-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR