P5 172

07-27-2004 90035 003 ****55.00
P02000123456

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123456

1. Entity Name
LYNDEL FARMS, INC.

Principal Place of Business	Mailing Address
1141 NW 193 AVE PEMBROKE PINES, FL 33029	1141 NW 193 AVE PEMBROKE PINES, FL 33029

FILED
04 OCT 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
57-1143682

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT-MENA, LYNN M
1141 NW 193 AVE
PEMBROKE PINES, FL 33029

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

FILED
04 OCT 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRETT-MENA, LYNN M
STREET ADDRESS	1141 NW 193 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	V
NAME	MENA, EDEL L
STREET ADDRESS	1141 NW 193 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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900041856259
10/13/04--01051--010 **85.00

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: L M Barrett-Mena 7/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

15 2 0 2

HERMAN MOSKOWITZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

3850 HOLLYWOOD BLVD.
SUITE 204
HOLLYWOOD, FL 33021
TEL 954: 983•6500
FAX 954: 983•6155
EMAIL: HERMAN@HMOSKOWITZCPA.COM

September 13, 2004

Ms. Barbara Mitchell
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Your letter #504A00051281

RE: Lyndel Farms, Inc.
Document #P02000123456
FEIN# 57-1143682

Gentlemen:

As the CPA firm for the above named corporation we are in receipt of your letters dated July 29, 2004 and August 20, 2004 respectively(enclosures #1 and #2).

Please be advised the taxpayer did not receive the notice from the State regarding the filing of the 2004 Annual Report. When we realized this we advised the taxpayer to submit the form with her payment immediately (enclosure #3).

Under the circumstances we respectfully request that you accept the application and waive the $400 late filing fee.

Thank you in advance for your cooperation.

Very truly yours,

Herman Moskowitz
Certified Public Accountant

cc: Lyndel Farms, Inc.