2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171106

Entity Name: E&FFARMING INC

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

29315 FLORIDA RD 30841 SW 192 AVE

HOOMESTEAD, FL 33033 US HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

29315 FLORIDA RD 30841 SW 192 AVE

HOOMESTEAD, FL 33033 US HOMESTEAD, FL 33030 US

FEI Number: 20-2040679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORENO, EDWARD MORENO, ALMA 29315 FLORIDA RD 30841 SW 192 AVE

HOMESTEAD, FL 33033 US HOMESTEAD, FL 33030 US

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: ALMA MORENO 04/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MORENO, EDWARD
 Name:
 MORENO, FRANCISCO

 Address:
 29315 FLORIDA RD
 Address:
 30841 SW 192 AVE

 City-St-Zip:
 HOMESTEAD, FL 33033 US
 City-St-Zip:
 HOMESTEAD, FL 33030 US

Title: VP () Delete Title: VP/S (X) Change () Addition

 Name:
 MORENO, FRÂNCISCO
 Name:
 MORENO, ALMA

 Address:
 29315 FLORIDA RD
 Address:
 30841 SW 192 AVE

 City-St-Zip:
 HOMESTEAD, FL 33033 US
 City-St-Zip:
 HOMESTEAD, FL 33030 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 MORENO, ALMA
 Name:

 Address:
 29315 FLORIDA RD
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33033 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALMA MORENO VP 04/02/2007