


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 038 \*\*\*158.75

**DOCUMENT # P07000112078**

1. Entity Name  
**SOUTHWEST RANCHES FARM, INC.**



Principal Place of Business      Mailing Address

**6500 SW 148 AVENUE**      **12060 SW 10TH TERRACE**  
**SOUTHWEST RANCHES, FL 33330**      **MIAMI, FL 33184**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**12060 SW 10<sup>th</sup> TERRACE**      **12060 SW 10<sup>th</sup> TERRACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MIAMI - FLORIDA**      **MIAMI - FLORIDA**

Zip      Country      Zip      Country

**33184**      **USA**      **33184**      **USA**



04132008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**26-1273339**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, DOMINGO**  
**12060 SW 10TH TERRACE**  
**MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name **MARTA E. MEDINA**

Street Address (P.O. Box Number is Not Acceptable)

**12060 SW 10<sup>th</sup> TERRACE**

City **MIAMI**      FL      Zip Code **33184**

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: **MARTA E. MEDINA**      *[Signature]*      DATE: **APRIL 08/2008**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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	Delete
PD	REREZ, DOMINGO	12060 SW 10TH TERRACE	MIAMI, FL 33184	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PVD	PEREZ, DOMINGO	12060 SW 10 <sup>th</sup> TERRACE	MIAMI FL. 33184	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MARTA E. MEDINA	12060 SW 10 <sup>th</sup> TERRACE	MIAMI FL - 33184	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *[Signature]*      **DOMINGO PEREZ**      DATE: **APR 08/08**      (301) 599-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #