

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90081 008 ***150.00

DOCUMENT # P97000083067

1. Entity Name
KENWOOD FARMS, INC.



Principal Place of Business
**4000 NORTH FEDERAL HIGHWAY SUITE 204
BOCA RATON FL 33431**

Mailing Address
**4000 NORTH FEDERAL HIGHWAY SUITE 204
BOCA RATON FL 33431**



2. Principal Place of Business
**998 South Federal Hwy,
Suite, Apt. #, etc.
200**

3. Mailing Address
**998 South Federal Highway
Suite, Apt. #, etc.
Suite 200**

CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
USA

Zip
33432

Country
USA

4. FEI Number **65-0790887**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
C/O SHUTLS AND BOWEN LLP
201 S BISCAYNE BLVD, STE 1500
MIAMI FL 33131**

Name

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

City **FL** Zip Code

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 \$150.00
After May 1, 2003 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	PST <input type="checkbox"/> Delete
NAME	RALES, NORMAN R
STREET ADDRESS	4000 NORTH FEDERAL HIGHWAY SUITE 204
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Norman Rales* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 **(561) 392-3333**
Date Daytime Phone #

CR2E034 (10/02)