


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000048705**

1. Entity Name  
**JOLO FARMS, INC.**



Principal Place of Business <b>% ALLAN FISHMAN, MD          13661 DEERING BAY DRIVE          MIAMI, FL 33158</b>	Mailing Address <b>% ALLAN FISHMAN, MD          13661 DEERING BAY DRIVE          MIAMI, FL 33158</b>
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0855887</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PLOUCHA, L M  
 % ATKINSON, DINER, STONE & MANKUTA  
 1946 TYLER STREET  
 HOLLYWOOD, FL 33020**

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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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	D FISHMAN, ALLAN 13661 DEERING BAY DRIVE MIAMI, FL 33158
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 01/09/04-80028-009 150.00

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:** *Allen Fishman* **1/5/04 (305) 325-5910**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #