
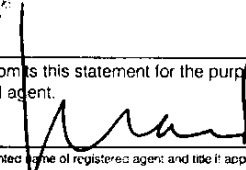
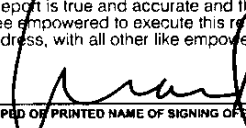


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 033 \*\*\*158.75

DOCUMENT # V54380			
1. Entity Name F.S. DAIRY PLANT, INC.			
Principal Place of Business P.O. BOX 526642 MIAMI, FL 33152-6642		Mailing Address P.O. BOX 526642 MIAMI, FL 33152-6642 US	
2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Road Suite, Apt. #, etc. SUITE 370 City & State PALMETTO BAY, FL Zip 33157 Country USA		3. Mailing Address 18001 Old Cutler Road Suite, Apt. #, etc. SUITE 370 City & State PALMETTO BAY, FL Zip 33157 Country USA	
		04012008 Chg-P CR2E034 (12/06)	
		4. FEI Number 65-0347718	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, JUAN ESQ 5800 NORTH WEST 74TH AVE. MIAMI, FL 33166		7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD # 221E City PALM BEACH FL Zip Code 33410	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE 4/8/8 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRIGO, IVETTE P.O BOX 526642 MIAMI, FL 33152 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARED, JOSE 18001 Old Cutler Rd. (Suite 370) PALMETTO BAY, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARED, CARLOS PO BOX 526642 MIAMI, FL 33152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bared, CARLOS 18001 Old Cutler Road, Suite 370 PALMETTO BAY, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/8/8 DATE	
		Daytime Phone #	