2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# L52743

Entity Name: CAPRI FARMS, INC.

Current Principal Place of Business:

19900 SW 248 ST
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

19900 SW 248 ST
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 65-0177611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOOS, S. SCOTT, ATTY.
15600 SW 288TH STREET
SUITE 312
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CHIN, HUGH L.,
Address: 19900 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: DST ( ) Delete
Name: CHIN, HECTOR J
Address: 13400 SW 100 CT
City-St-Zip: MIAMI, FL 33176

Title: DV ( ) Delete
Name: CHIN, DAISY L
Address: 19900 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: DV ( ) Delete
Name: CHIN, LINDA
Address: 13033 SW 104 AVE
City-St-Zip: MIAMI, FL 33176

Title: DV ( ) Delete
Name: CHIN, KIM
Address: 13400 SW 100 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: HUGH L. CHIN PR 01/18/2007

Electronic Signature of Signing Officer or Director Date