
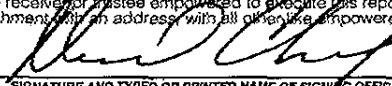


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 411735		
1. Entity Name BLUE RIDGE FARMS INC		
Principal Place of Business 9202 NW 106 ST 8751 WEST BROWARD BOULEVARD MEDLEY, FL 33178 US	Mailing Address 9202 NW 106 ST 8751 WEST BROWARD BOULEVARD MEDLEY, FL 33178 US	
DO NOT WRITE IN THIS SPACE		
3. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SIEGEL, JEFFREY 3301 ATLANTIC AVE BROOKLYN, NY	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SIEGEL, RICHARD 3301 ATLANTIC AVE BROOKLYN, NY	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SIEGEL, SEYMOUR 3301 ATLANTIC AVE BROOKLYN, NY	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	GM CHARIF, DAVID 9202 NW 106 ST MEDLEY, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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:  G. M. DAVID CHARIF		Date 7/7/04 Daytime Phone # 305-888-3208



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2793580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/12/04-BRO25-001 150.00