


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 433366</b> 1. Entity Name <b>GREEN PEPPER FARMS, INC.</b>					
Principal Place of Business <b>9545 LISTOW TERR. BOYNTON BEACH, FL 33437</b>				Mailing Address <b>9545 LISTOW TERR. BOYNTON BEACH, FL 33437</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1482276</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANTIAGO, JOSE A 9545 LISTOW TERR BOYNTON BEACH, FL 33437</b>				Name <b>Nelson Santiago</b> Street Address (P.O. Box Number is Not Acceptable) <b>5423 Sunseeker Blvd.</b> City <b>Greenacres</b> FL <b>33463</b>	
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, or I accept the obligations of registered agent.					
SIGNATURE <i>Nelson Santiago</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <b>GONZALES, VICTOR</b> <b>9269 TALWAY CR</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>SANTIAGO, TOMAS</b> <b>5059 MADISON RD</b> <b>DELRAY BCH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SANTIAGO, JOSE A.</b> <b>9545 LISTOW TERRACE</b> <b>BOYNTON BEACH, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Nelson Santiago</b> <b>5423 Sunseeker Blvd.</b> <b>Greenacres, FL 33467</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Victor Gonzalez</i> <b>11/27/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Victor Gonzalez</b>					

FILED

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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