


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 433366 1. Entity Name GREEN PEPPER FARMS, INC.	
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Principal Place of Business 9545 LISTOW TERR. BOYNTON BEACH, FL 33437	Mailing Address 9545 LISTOW TERR. BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1482276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTIAGO, NELSON 5423 SUNSEEKER BLVD GREENACRES, FL 33463

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALES, VICTOR 9269 TALWAY CR BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTIAGO, TOMAS 5059 MADISON RD DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTIAGO, NELSON 5423 SUNSEEKER BLVD GREENACRES, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/15/08-80044-016 150.00

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IN THIS SPACE**

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: Nelson Santiago 4-01-08 561-496-7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #