

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 496433**

1. Entity Name

THE GOOD EARTH FARMS, INC.



Principal Place of Business

14410 SW 74 STREET  
MIAMI FL 33183

Mailing Address

14410 SW 74 STREET  
MIAMI FL 33183

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DADE



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-1645956

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM E ESQ  
200 SE 1ST STREET  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	COBO, ARMANDO H	
STREET ADDRESS	14410 SW 74 STREET	
CITY- ST- ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER, ESTHER	
STREET ADDRESS	14803 SW 152 TERRACE	
CITY- ST- ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBO, FRANK J	
STREET ADDRESS	14410 SW 74 STREET	
CITY- ST- ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000306988  
04/15/05-80038-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Armando H. Cobo* ARMANDO H. COBO

4/12/05

305-387-7492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #