## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 08:00 Al Secretary of State

ANNOAL KEI OKI								
DOCUMENT # 660091  1. Entity Name QUALITY GROWERS, INC.		•		·	Sec	cretar	y of Stat	
	ce of Business 284TH STREET D, FL 33030	Mailing Address 18455 SW 284TH STREET HOMESTEAD, FL 33030		 	IKIK BERKI BENDE ATIYI MEL	DIAN BIRI BARA BI	Hi 1984 bidikati 11 1884	
				]		<u>                                      </u>	H	
DO NOT WRITE IN THIS SPACE			CE	02042008	No Chg-P	CR2E034		
				4. FEI Number 59-1994	652		Applied For Not Applicable	
				5. Certificate of	Status Desired		.75 Additional Required	
	6. Name and Address of Current Re							
MAY, GER 18455 SW HOMESTE	/ 284 ST				NOT W HIS SP			
	e named entity submits this statement for ti tions of registered agent.	ne purpose of changing its register	red office or register	ed agent, or both,	in the State of Flor	rida. I am fami	liar with, and accept	
SIGNATURESignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.				00 May Be	- <del>10000081.</del> 1/15/08-80(	<del>9482 -</del> 981-022	150.00	
10.	OFFICERS AND DI	RECTORS		THE WA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, GERALD G 18455 SW 284TH STREET HOMESTEAD, FL 00000,							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>		in T	HIS SP	ACE		
NAME STREET ADDRESS - CITY-ST-ZIP	र अस्य केंद्रीय इस्तिक	i						
TITLE		7						

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 305.248.7164