2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# 763590

Entity Name: SOUTHERN FLORIDA TROPICAL GROWERS, INC.

Current Principal Place of Business:

18710 S.W. 288 ST.
HOMESTEAD, FL 330302309

New Principal Place of Business:

Current Mailing Address:

18710 S.W. 288 STREET
HOMESTEAD, FL 330302309

New Mailing Address:

FEI Number: 65-0094921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL AG FIESTA
18710 S.W. 288 STREET
HOMESTEAD, FL 330302309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	O'HAIR, STEPHEN	
Address:	18905 SW 280 STREET	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	DVP	( ) Delete
Name:	LAMBERTS, MARY	
Address:	18710 SW 288 ST	
City-St-Zip:	HOMESTEAD, FL	
Title:	PD	( ) Delete
Name:	GUZMAN, JUAN	
Address:	7550 W 30 LANE	
City-St-Zip:	HIALEAH, FL 33016	
Title:	T	( ) Delete
Name:	CHILDS, FAYMA	
Address:	8800 SW 97 TERRACE	
City-St-Zip:	MIAMI, FL 33176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	DAVID, CINDY	
Address:	10255 SW 128 CT	
City-St-Zip:	MIAMI, FL 33186	
Title:	T	(X) Change ( ) Addition
Name:	MARTHA, KESSELL	
Address:	P.O. DRAWER 1609	
City-St-Zip:	HOMESTEAD, FL 33090	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN K. O'HAIR DS 04/21/2004

Electronic Signature of Signing Officer or Director — Date