2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#763590

City-St-Zip: MIAMI, FL 33176

Entity Name: SOUTHERN FLORIDA TROPICAL GROWERS, INC.

FILED Jun 24, 2003 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
18710 S.W HOMESTE	. 288 ST. AD, FL 330302	2309			
Current Ma	ailing Address	3:	New Mailing Address	New Mailing Address:	
P O BOX 771328 MIAMI, FL 331771328				18710 S.W. 288 STREET HOMESTEAD, FL 330302309	
FEI Number:	65-0094921	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WAGNER, SANDY 13901 SW 160 STREET MIAMI, FL 33177 US			18710 S.W. 288 STREE	TROPICAL AG FIESTA 18710 S.W. 288 STREET HOMESTEAD, FL 330302309 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: STEPHEN	O'HAIR		06/24/2003	
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () LAMBERTS, MA 18710 SW 288 S HOMESTEAD, F	ST	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	e: GUZMAN, JUAN ess: 7550 W 30 LANE		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () CHILDS, FAYMA 8800 SW 97 TFI		Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: STEPHEN O'HAIR DS 06/24/2003