

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 032 ***150.00

DOCUMENT # F05000003879			
1. Entity Name WESTERN SEED AMERICAS, INC.			
Principal Place of Business 303 SOUTH COLLINS STREET PLANT CITY, FL 33563		Mailing Address C/O ATTORNEY DOUGLAS LOMONLA 27 IMPERIAL AVENUE WESTPORT, CT 06880	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/c Douglas Lomonte	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Imperial Avenue	
City & State		City & State Westport, CT 06880	
Zip	Country	Zip	Country
4. FEI Number 06-1486651		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VLIET, ALOYSIUS G	NAME	
STREET ADDRESS	BURGEMIESTER ELSENWEG 53 2671 DP	STREET ADDRESS	
CITY-ST-ZIP	NAALDWIJK THE NETHERLANDS, XX	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUKELMAN, HARRY	NAME	
STREET ADDRESS	303 SOUTH COLLINS STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ CABRERA, AMBROSIO R	NAME	
STREET ADDRESS	BAJADA PLAYA DE VARGAS S/N 38260	STREET ADDRESS	
CITY-ST-ZIP	GRAN CANARIA SPAIN, XX	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN VLIET, ALOYSIUS G	NAME	
STREET ADDRESS	BURGEMIESTER ELSENWEG 56 2671 DP	STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS, naaldwijk	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUKELMAN, HARRY	NAME	
STREET ADDRESS	303 SOUTH COLLINS ST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33563	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Aloysius G. van Vliet, President			

