

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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/c Douglas Lomonte 27 Imperial Avenue Westport, CT 06880			
4. FEI Number 06-1486651		Applied For <input type="checkbox"/> Not Applicable		04142008 Chg-P CR2E034 (12/06)	
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 _____ (NOTE: Registered Agent signature required when retaining) Signature, typed or printed name of registered agent and title if applicable DATE					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD VAN VLIET, ALOYSIUS G BURGEMIESTER ELSENWEG 53 2671 DP NAALDWIJK THE NETHERLANDS, XX	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BEUKELMAN, HARRY 303 SOUTH COLLINS STREET PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ CABRERA, AMBROSIO R BAJADA PLAYA DE VARGAS S/N 38260 GRAN CANARIA SPAIN, XX	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN VLIET, ALOYSIUS G BURGEMIESTER ELSENWEG 56 2671 DP THE NETHERLANDS, naaldwijk	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUKELMAN, HARRY 303 SOUTH COLLINS ST PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUKELMAN, HARRY 303 SOUTH COLLINS ST PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUKELMAN, HARRY 303 SOUTH COLLINS ST PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Aloysius G. van Vliet, President