

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000004266

1. Entity Name
RIVER ISLAND FARMS, INC.



Principal Place of Business
**7950 DUBLIN BLVD.
SUITE 111
DUBLIN, CA 94568**

Mailing Address
**7950 DUBLIN BLVD.
SUITE 111
DUBLIN, CA 94568**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0181402

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAGEN, MAX
HAGEN & HAGEN
3531 GRIFFIN ROAD
FT. LAUDERDALE, FL 33312**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
CORRIE, SIDNEY JR.
7950 DUBLIN BLVD. CORRIE CENTER, SUITE 111
DUBLIN, CA 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTCD
KLEIN, PETE
7950 DUBLIN BLVD. CORRIE CENTER, SUITE 111
DUBLIN, CA 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000738660
05/11/07-80076-021 158.75

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IN THIS SPACE**

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 the fee 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] CFO Pete Klein 1/16/07 925/551-7900