

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
Apr 07, 2008 08:00 A
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
HAGEN, MAX HAGEN & HAGEN 3531 GRIFFIN ROAD FT. LAUDERDALE FL 33312	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

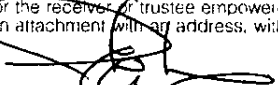
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing agent.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP CPD CORRIE, SIDNEY JR. 7950 DUBLIN BLVD. CORRIE CENTER, SUITE 111 DUBLIN CA 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VTCD KLEIN, PETE 7950 DUBLIN BLVD. CORRIE CENTER, SUITE 111 DUBLIN CA 33312 ☐ Delete	☐ Change ☐ Addition UP00000283631 04/17/08-80011-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **Pete Klein** **4/1/08 925/551-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR