## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000001992

Entity Name: WILDWOOD FARMS, S.A.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6100 GLAI # 213 BOCA RA	DES RD TON, FL 3343	4			
Current Mailing Address:			New Mailing Address	s:	
6100 GLAI # 213 BOCA RA	DES RD TON, FL 3343	4			
FEI Number	: 52-1504927	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
6100 GLAI BOCA RA The above	NI, STEPHANIE DES RD, SUITI TON, FL 3343  e named entity see of Florida.	E 213 4 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI		i- Oinneton et Denistered An		D-+-	
		ic Signature of Registered Age	ent	Date	
Election Cai	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHENG, JOHN	N FIRST STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DE GUEVARA,	N FIRST STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () NOBLESILLA, A 111 EL CARME PANAMA, RE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RA () CHENG, JESSI 111 EL CARME PANAMA, RE		Title: Name: Address: City-St-Zip:	( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE ANDREONI ASST 04/28/2005