2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F95000001992

Entity Name: WILDWOOD FARMS, S.A.

FILED May 01, 2006 Secretary of State

Littly Nan	ie. VVILDVV	OOD FARIVIO, G.A.					
Current Pr	incipal Plac	e of Business:	New Princ	New Principal Place of Business:			
6100 GLAD # 213		0.4					
BUCARAI	ON, FL 334	34					
Current Ma	ailing Addre	ess:	New Maili	New Mailing Address:			
6100 GLAD # 213 BOCA RAT	DES RD ON, FL 334	34					
FEI Number:	•	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
6100 GLAD	II, STEPHAN DES RD, SUI ON, FL 334	TE 213	6100 GLAE	ANDREONI, STEPHANIE 6100 GLADES RD, SUITE 213 BOCA RATON, FL 33434 US			
The above in the State		submits this statement for the p	urpose of changing i	ts registered c	office or registered agent, or bot	th,	
SIGNATUR	RE: STEPH	ANIE ANDREONI		05/01/2006			
	Electro	nic Signature of Registered Age	ent		Date	_	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHENG, JOH 111 EL CARM) Delete N C IEN FIRST STREET P. OF PANAMA,	Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	DE GUEVARA 111 EL CARN) Delete , IDA ENEIDA R IEN FIRST STREET P. OF PANAMA,	Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	NOBLESILLA) Delete AUGUSTO S IEN, FIRST ST	Title: Name: Address: City-St-Zip:	TD (X CHENG, ELSA 111 EL CARME PANAMA, RE			
Title: Name:	RA (CHENG, JES:	X) Delete SICA C	Title: Name:) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: STEPHANIE ANDREONI RA 05/01/2006

111 EL CARMEN, FIRST ST

PANAMA, RE

Address:

City-St-Zip: