


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 024 \*\*\*158.75

<b>DOCUMENT # G34927</b> 1. Entity Name RAHESA-FARMS INC.	
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Principal Place of Business 17630 S.W. 56TH STREET FORT LAUDERDALE, FL 33331	Mailing Address % ESTEBAN VEGA 3001 S.W. 97 COURT MIAMI, FL 33165 <i>OK s. Vega</i>
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**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2341258	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  VEGA, ESTEBAN 3001 S.W. 97 COURT MIAMI, FL 33165
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**DO NOT WRITE 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: *Esteban S. Vega* DATE: *02/25/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOCA, RAMON, JR. 17630 S.W. 56TH STREET FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOCA, HECTOR 17630 S.W. 56TH STREET FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOCA, SARA ELENA 17630 S.W. 56TH STREET FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 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: *X Esteban S. Vega* DATE: *02/25/06* (308) 282 5097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #