

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41137

Entity Name: B & D FARMS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

16880 SW 277 STREET
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

16880 SW 277TH STREET
48 N.E. 15TH STREET
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 59-2495047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTRAN, RAUL
333 NE 8TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HELMS, BOBBY DEAN,
Address: 16880 SW 277 ST
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: HELMS, DANNY LEE,
Address: 27501 SW 166TH AVE
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: HELMS, BENNY LESTER,
Address: 18544 SW 293 TERR
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HELMS, BOBBY DEAN,
Address: 16880 SW 277 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: D (X) Change () Addition
Name: HELMS, DANNY LEE,
Address: 27501 SW 166TH AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: D (X) Change () Addition
Name: HELMS, BENNY LESTER,
Address: 18544 SW 293 TERR
City-St-Zip: HOMESTEAD, FL 33030

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: BOBBY HELMS

_____ Electronic Signature of Signing Officer or Director

V.P.

04/30/2004

_____ Date