2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 29, 2004 8:00 am DOCUMENT # H99160 Secretary of State 1. Entity Name 04-29-2004 90292 025 ***150.00 SOUTHFIELD FARMS CORPORATION Principal Place of Business Mailing Address 970 NORTH CONGRESS AVE 970 NORTH CONGRESS AVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 1000 NORTH CONGRESS AVE. 1000 NORTH CONGRESS AVE. Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) MOORE SUITE H WITE H City & State City & State 4. FEI Number Applied For WEST PALM BEACH, FL 65-0007561 WEST PALM BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUDE, HARALD Street Address (P.O. Box Number is Not Acceptable) 970 NORTH CONGRESS AVE 1000 NORTH CONGRESS WEST PALM BEACH FL 33409 WEST PALM BEACH 8. The above name entity submits his 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 opligations registered agent. ARALO DUDE PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEE. ☐ Delete TITLE Change . ☐ Addition DUDE, HARALD 1000 NORTH CONGRESS AVE. SUITE H NAME DUDE, HAROLD NAME 970 NORTH CONGRESS AVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 WEST PALM BEAGH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME, ____ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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 addyss, with all other like empowered.

HARALO DUDE, PRESIDENT APRILLO, 2004 (JG) 712-4622 SIGNATURE