


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 045 ***150.00

DOCUMENT # J09256			
1. Entity Name STEVEN BOREK FARMS, INC.			
Principal Place of Business % MARTINA M. BOREK 12110 SW 248TH ST PRINCETON, FL 33032		Mailing Address % MARTINA M. BOREK 12110 SW 248TH ST PRINCETON, FL 33032	
2. Principal Place of Business 19051 SW 147 Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 924920 Suite, Apt. #, etc.	
City & State MIAMI		City & State Princeton	
Zip 33187	Country U.S.	Zip 33092	Country US
4. FEI Number 59-2672309		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOREK, MARTINA M. 12110 SW 248TH ST PRINCETON, FL 33032		7. Name and Address of New Registered Agent Name BOREK, MARTINA M. Street Address (P.O. Box Number is Not Acceptable) 19051 SW 147 Ave. City MIAMI FL Zip Code 33187	
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 <u>Martina Borek, Pres.</u> DATE <u>1/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOREK, MARTINA M. 12110 SW 248TH ST PRINCETON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19051 SW 147 Ave. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Martina Borek, President</u>		DATE: <u>1/30/06</u>	DAYTIME PHONE #: <u>305-216-2336</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>