

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J17068

**FILED**  
**Oct 29, 2008**  
**Secretary of State****Entity Name:** CLABROOK FARMS, INC.**Current Principal Place of Business:**26205 E HWY 50  
CHRISTMAS, FL 32709**New Principal Place of Business:****Current Mailing Address:**5023 TAYLOR CREEK RD  
CHRISTMAS, FL 32709 US**New Mailing Address:**26205 E HWY 50  
CHRISTMAS, FL 32709**FEI Number:** 58-1685445**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BROOKS, SHANE  
5023 TAYLOR CREEK ROAD  
CHRISTMAS, FL 32709 US**Name and Address of New Registered Agent:**KAGAN, JACOB  
455 TIMBER RIDGE DRIVE  
LONGWOOD, FL 32779 US

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: JACOB KAGAN

10/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T (X) Delete  
Name: BROOKS, WAYNE  
Address: 5008 TAYLOR CREEK RD  
City-St-Zip: CHRISTMAS, FL 32709

Title: S (X) Delete  
Name: BROOKS, SHANE  
Address: 5023 TAYLOR CREEK RD  
City-St-Zip: CHRISTMAS, FL 32709

Title: P ( ) Delete  
Name: RANOT, SHLOMO  
Address: 8 MSHE DAYAN STREET  
City-St-Zip: RAANANA, ISRAEL, IS 43580

Title: VP ( ) Delete  
Name: KAGAN, JACOB  
Address: 455 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S, T (X) Change ( ) Addition  
Name: KAGAN, JACOB  
Address: 455 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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

SIGNATURE: JACOB KAGAN

T, S

10/29/2008

Electronic Signature of Signing Officer or Director

Date