

2008

FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

For Office Use Only

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DOCUMENT # J17068

1. Entity Name

Clabrook Farms, Inc.



08 NOV 25 PM 12:00

COUNTY OF S. D. L.
FLORIANASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

26205 E. Hwy. 50

3. Mailing Address

26205 E. Hwy. 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State
Christmas, FLCity & State
Christmas, FL

4. FEI Number

58-1685445

Applied For

Not Applicable

Zip
32709Country
USZip
32709Country
US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Jacob KaganStreet Address (P.O. Box Number is Not Acceptable)
455 Timber Ridge DriveCity
Longwood

FL

Zip Code
32779DO 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 Jacob Kagan

11/6/2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Shlomo Ranot
STREET ADDRESS	8 Mishe Dayan Street
CITY-ST-ZIP	Raanana, Israel IS 43580

TITLE	V/S/T
NAME	Jacob Kagan
STREET ADDRESS	455 Timber Ridge Drive
CITY-ST-ZIP	Longwood, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Kagan

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov/14/08

Date

407-568-1354 ext. 12

Daytime Phone #