


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90002 015 ***150.00

DOCUMENT # J58395
 1. Entity Name
 SOUTH FLORIDA GROWERS ASSOCIATION, INC.




Principal Place of Business
 13000 SW 232ND ST.
 GOULDS, FL 33170 US

Mailing Address
 C/O GREENBERG & KOPETMAN
 10830 SW 113TH PLACE
 MIAMI, FL 33176 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
C/O Greenberg & Kopetman
 Suite, Apt. #, etc.
10830 SW 113 Place
 City & State
Miami, FL
 Zip
33176



01222004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-0698535

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LYNN, JOHN M
 LYNN & HANSON PA
 48 NE 15 ST SECOND FL
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL, HAROLD E. JR.			NAME			
STREET ADDRESS	13000 SW 232ND ST.			STREET ADDRESS			
CITY-ST-ZIP	GOULDS, FL 33170			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, SUSAN			NAME			
STREET ADDRESS	13000 SW 232ND ST.			STREET ADDRESS			
CITY-ST-ZIP	GOULDS, FL 33170			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, MARTHA			NAME			
STREET ADDRESS	13000 SW 232ND ST.			STREET ADDRESS			
CITY-ST-ZIP	GOULDS, FL 33170			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Susan P. Bradford* Date: *1/29/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR