


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 624 SW 93RD ST. GAINESVILLE, FL 32607 US	Mailing Address C/O GREENBERG & COMPANY 10830 SW 113TH PLACE MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0698535	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
 LYNN, JOHN M
 LYNN & HANSON PA
 48 NE 15 ST SECOND FL
 HOMESTEAD, FL 33030

DO 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: *Susan Bradford* DATE: *4/17/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADFORD, SUSAN 624 SW 93RD ST. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMMER, JOHN 1401 BRICKELL AVENUE, STE#825 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILMORE, MARTHA 207 MIDDLE BAY RD. BRUNSWICK, MA 04011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/08-80069-009-150.00

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: *Susan Bradford* DATE: *4/17/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #