

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90390 008 \*\*\*150.00

40062143



<b>DOCUMENT # J81849</b> 1. Entity Name <b>AMISTAD GAME FARM AND KENNELS CO.</b>			
Principal Place of Business <b>ONE CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>ONE CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business <b>One North Clematis St.</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b>		3. Mailing Address <b>One North Clematis St.</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>West Palm Beach, FL</b> Zip <b>33401</b>	
4. FEI Number <b>65-0038052</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TARR, WILLIAM F ONE CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>AS BAKER, DAVID H ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP FANJUL, JOSE F ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV FANJUL, EMILIA ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CARSON, DONALD W ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS ROSS, DANIEL D ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT HERNANDEZ, OSCAR R ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
(CONTINUED)			
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.			
<b>SIGNATURE: _____</b> <b>Donald W. Carson, Secretary 2/24/05 561-655-6303</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

# ATTACHMENT

ATTACHMENT TO  
2005 ANNUAL REPORT

DOCUMENT # J81849

1. Corporation Name

AMISTAD GAME FARM AND KENNELS CO.

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- CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AT  
Valdivieso, Rolando G.  
One North Clematis St., Suite 200  
West Palm Beach, FL 33401