


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # J81849 1. Entity Name AMISTAD GAME FARM AND KENNELS CO.	
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Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401
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02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0038052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TARR, WILLIAM F ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	AS BAKER, DAVID H ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FANJUL, JOSE F ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FANJUL, EMILIA ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARSON, DONALD W ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSS, DANIEL D ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERNANDEZ, OSCAR R ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

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04/26/07-80102-001 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Donald W. Carson, Secretary

4/17/07
Date

561-655-6303
Daytime Phone #