

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K01033

1. Entity Name  
MIDA FARMS, INC.



Principal Place of Business  
13801 40 ST S  
WELLINGTON, FL 33414 US

Mailing Address  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

FILED

04 MAY 12 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0015364  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

**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

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

(NOTE: Registered Agent signature required when reinstating)

400036268314

05/12/04--01057--005 \*\*1098.75  
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

TITLE PD  
NAME ARGUETTY, ISAAC  
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE AS  
NAME RICHARDS, TIMOTHY D  
STREET ADDRESS 2665 S BAYSHORE DR SUITE 703  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Issac Arguetty *ARGUETTY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 (305) 858-9900

Date

Daytime Phone #