
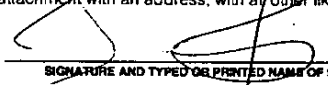


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 007 \*\*\*158.75

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # K22374</b><br>1. Entity Name<br><b>EMERALD FARMS, INC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>9800 NW 17TH STREET<br/>SUITE 1<br/>MIAMI, FL 33172</b>   |   |  | Mailing Address<br><b>% ELLIOTT HARRIS<br/>111 S.W. 3RD ST<br/>MIAMI, FL 33130</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   | 01182005    Chg-P    CR2E034 (10/03)  |  |
| 4. FEI Number<br><b>65-0049955</b>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRIS, ELLIOTT<br/>111 SW 3RD STREET<br/>6TH FLOOR<br/>MIAMI, FL 33130</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 re-registering) _____ DATE _____  |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>VARELA, ALVARO <input type="checkbox"/> Delete<br>9475 NW 13TH STREET<br>MIAMI, FL 33172          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>HARRIS, ELLIOTT <input type="checkbox"/> Delete<br>111 S.W. 3RD ST., 6TH FLOOR<br>MIAMI, FL 33130 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSTD<br>VARELA, MARIO <input type="checkbox"/> Delete<br>9475 NW 13TH STREET<br>MIAMI, FL 33172         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>VARELA, MAURO <input type="checkbox"/> Delete<br>9475 NW 13TH STREET<br>MIAMI, FL 33172            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>VARELA, SANTIAGO <input type="checkbox"/> Delete<br>9475 NW 13TH STREET<br>MIAMI, FL 33172         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CARDENAS, ANDRES <input type="checkbox"/> Delete<br>9800 NW 17 ST.<br>MIAMI, FL 33172              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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>ALVARO VARELA</b> 1-31-05    (305) 477-0291<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |   |  |   |   |  |