## 2008 FOR PROFIT CORPORATION

## **FILED** Feb 27. 2008 08:00 A tate

ANNOAL REPORT						<u> </u>	
1. Entity Nam	MENT # K45100 et farms, inc.	,				Secre	tary of St
Principal Place of Business 22650 SW 194TH AVENUE MIAMI, FL 33170 US		Mailing Address COMFORT FARMS 22650 SW 194 AVE MIAMI, FL 33170 US				83817 87871 83811 818	K a na v a na vojeka po na vejeka po na vejek
			01082008	No Chg-P	CR2E034 (		
, <b>D</b>	O NOT WRITE	CE.	4. FEI Numbe			Applied For	
	The state of the s	Control of the second	er .	65-008 5. Certificate	7491 of Status Desired		Not Applicable 75 Additional Required
	6. Name and Address of Current R	egistered Agent	,				
FOSTER, 22650 SW GOULDS,			Bras de		NOT W		
			1.	<u> </u>	<i>d</i> :		
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bot	in, in the State of Fig	rida. Tam lami	iar with, and accept
SIGNATURE.					<del></del>	DATE	
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE, Registers	d Agent aignature required	1 when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10	OFFICERS AND D	IRECTORS	94 de 94		, ,	****	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMFORT FARMS INC 22650 SW 194 AVE. MIAMI, FL 33170				e e e e e e e e e e e e e e e e e e e		<b>·</b>
TITLE NAME STREET ADDRESS	WICHNI, TE 33170				.00000 03/10/08	0841059 -80001-0	24 150.00
CITY-ST-ZIP			]				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in the second	DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>IN</b> "	THIS SF	PACE	Son and
TITLE NAME STREET ADDRESS CITY-ST-ZIP			0.1	\$ \(\frac{1}{2}\)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			o, la		354		

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desymme Phone 8