
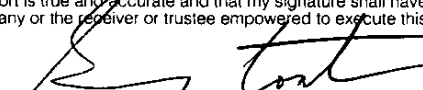


FILED
Mar 13, 2007 8:00 am
Secretary of State

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DOCUMENT # L00000005907		Secretary of State 03-13-2007 90118 024 ****55.00	
1. Entity Name MAYFLOWER FARMS, LLC.			
Principal Place of Business 10 NW LE JEUNE RD SUITE 500 MIAMI, FL 33126		Mailing Address 10 NW LE JEUNE RD SUITE 500 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 1500 N.W. 95 AVENUE		3. Mailing Address "SAME"	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33172	Country USA	Zip	Country
4. FEI Number 65-1010546		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 10 NW LE JEUNE RD, SUITE 500 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Gary Contreras Street Address (P.O. Box Number is Not Acceptable) 13407 S.W. 62 ST. #1 City MIAMI FL Zip Code 33183	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM LOZANO, CARLOS 1500 NW 95 AVENUE, 2ND FL MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARLOS LOZANO 1500 NW 95 AVENUE, 2ND FL MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM CONTRERAS, GARY 1500 NW 95 AVENUE, 2ND FL MIAMI, FL 33172 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		GARY, CONTRERAS 2/26/07 786-437-6460	