

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000061395

1. Entity Name
HARVESTERS FINANCIAL SERVICES, LLC



Principal Place of Business
POST OFFICE BOX 526642
MIAMI, FL 33152-6642

Mailing Address
POST OFFICE BOX 526642
MIAMI, FL 33152-6642

**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90024 039 ***138.75

50005312



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3037075	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIAZ, JUAN ESQUIRE
5800 NORTHWEST 74TH AVENUE
MIAMI, FL 33166

Name Corporate Creations Networks, Inc.
Street Ad 11380 Prosperity Farms Road #221E
City Palm Beach Gardens, FL 33410
Code

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)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVESTERS TRADING, LLC POST OFFICE BOX 526652 MIAMI, FL 331526642	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVESTERS Trading, LLC 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON-UNITED PETROLEUM CORPORATION POST OFFICE BOX 526652 MIAMI, FL 331526642	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON UNITED PETROLEUM CORP 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-08

Date

Daytime Phone #