FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

r. corporation	MENT # M44319 FO'S GOOD EARTH INC.		·	· 150.00	
Principal Plac	ce of Business	Mailing Address		T CONTINUES IN COUNTY DEPOT THE TRANSPORT OF THE SEASON OF	ON BION OF BEINGO
C/O ERNESTO RODRIGUEZ 6901 SW 97TH AVE MIAMI FL 33173		C/O ERNESTO RODRIGUEZ 6901 SW 97TH AVE MIAMI FL 33173		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				01/05/1987	
2. Principal f	Place of Business	2a. Mailing Address			Applied For
21		26		_ l - -	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Additional
22		27		ree	Required
City & State		City & State		1 - 11	00 May Be ed to Fees
Zip	Country	· · 	Country	8. This corporation owes the current year Intangible	
24	25	29 30		Personal Property Tax.	□No
	9. Name and Address of Current	Registered Agent	81 Name	. 10. Name and Address of New Registered Agent	
	ORIGUEZ, ERNESTO			description of the second seco	·
6901 SW 97TH AVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	v & r
MIA	MI FL 33173		83	12 图 建色层灌溉器罐	
			84 City	□ 185 Z	ip Code
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Sùch change was authori: ons of, Section 607.0505, Florida S	zed by the corpora	rporation submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	its registered registered .
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	PSD	☐ DELETE 1.	1 TITLE	Chang	,
NAME	RODRIGUEZ, ERNESTO	1:	2 NAME		
STREET ADDRESS	1	1.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE			TITLE	Chang	ge Addition
NAME			NAME	, . •	
STREET ADDRESS			STREET ADDRESS 4 CITY-ST-ZIP	•	1
TITLE			TITLE	[Chang	je 🔲 Addition
NAME		3.2	2 NAME		
STREET ADDRESS		3.3	STREET ADDRESS	en aller of the control of the contr	5 4 2161 14
CITY-ST-ZIP	PAC DE A	. 3.4	4. CITY-ST-ZIP		1. 12. 12. 12.
TITLE		☐ DELETE 4.1	TITLE	Chang	je 🦙 🖸 Addition
NAME	Part of the second		2 NAME		.]
STREET ADDRESS	,		STREET ADDRESS		
TITLE	· ·	pring	CITY-ST-ZIP	☐ Chang	e [T] Addition
NAME			ITITLE PNAME	Chang	P
STREET ADDRESS			STREET ADDRESS	•	}
CITY-ST-ZIP	750		CITY-ST-ZIP		i li
	1	•		•	į ·

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State