

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M47380**

1. Entity Name

F & T FARMS, INC.



Principal Place of Business

19285 SW 272 ST  
HOMESTEAD FL 33031  
US

Mailing Address

19285 SW 272 ST  
HOMESTEAD FL 33031  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2773382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTRAN, RAUL E  
333 NE 8 ST.  
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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 is acceptable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FINOCCHIARO, ORAZIO	
STREET ADDRESS	18300 SW 288 STREET	
CITY- ST- ZIP	HOMESTEAD FL 33030	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TALARICO, GAETANO	
STREET ADDRESS	19285 SW 272 ST	
CITY- ST- ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAIARICO, LEONARD	
STREET ADDRESS	722 S.E. 27TH DRIVE	
CITY- ST- ZIP	HOMESTEAD FL 33033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINOCCHIARO, SALVATORE	
STREET ADDRESS	18270 SW 288 ST.	
CITY- ST- ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000804274  
02/05/08-80054-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Leonard Talarico*

Leonard Talarico 1-25-08 (35)247-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, the Month & Year