


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90014 014 \*\*\*150.00

<b>DOCUMENT # M56167</b> 1. Entity Name JUPITER FARMS, INC.	
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Principal Place of Business % ERNEST M. HALPRYN 1428 BRICKELL, STE. 105 MIAMI, FL 33131 US	Mailing Address % ERNEST M. HALPRYN 1428 BRICKELL, STE. 105 MIAMI, FL 33131 US
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40007763



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2832647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HALPRYN, ERNEST M  
1428 BRICKELL AVENUE #105  
MIAMI, FL 33131-0433

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST 1428 BRICKELL #105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISBERG, ALAN JAY 1428 BRICKELL #105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEVECCHI, JOHN 1428 BRICKELL AVE., STE. 105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABIANCA, PHILIP 1428 BRICKELL AVE., STE. 105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOERNER, JUDITH A 1428 BRICKELL AV STE 105 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**  Ernest M. Halpryn, PD 01/12/05 (309) 371-4112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #