


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 042 ***550.00

DOCUMENT # M87136	
1. Entity Name REDLAND TOMATO GROWERS, INC.	

Principal Place of Business % RONALD BLACK 1420 NW 10TH ST. HOMESTEAD, FL 33030	Mailing Address REDLAND TOMATO GROWERS P.O. BOX 901362 HOMESTEAD, FL 33090-1362
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2. Principal Place of Business - No P.O. Box # 18285 SW 264 ST.	3. Mailing Address
Suite, Apt. #, etc. Homestead	Suite, Apt. #, etc.
City & State FL	City & State
Zip 33031	Country DADE

6. Name and Address of Current Registered Agent BLACK, RONALD L 1420 NW 10TH ST. HOMESTEAD, FL 33030	
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400000



03042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0057204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name Kern Carpenter	
Street Address (P.O. Box Number is Not Acceptable) 18285 SW 264th St.	
City Homestead	Zip Code FL 33031

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 <i>Kern Carpenter</i>	DATE 3/12/2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK, RONALD L		NAME	
STREET ADDRESS 1420 NW 10TH ST.		STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD, FL 33030		CITY-ST-ZIP	
TITLE DTS	<input type="checkbox"/> Delete	TITLE DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, MAURICE H.		NAME THOMPSON, MAURICE H.	
STREET ADDRESS 14505 SW 292 ST.		STREET ADDRESS 28035 SW 166th Ct.	
CITY-ST-ZIP HOMESTEAD, FL		CITY-ST-ZIP Homestead, FL 33030	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARPENTER, KERN		NAME CARPENTER, KERN	
STREET ADDRESS 14505 SW 292 ST		STREET ADDRESS 18285 SW 264th St.	
CITY-ST-ZIP HOMESTEAD, FL		CITY-ST-ZIP Homestead, FL 33031	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: <i>Ronald Black</i>	<i>Ronald Black</i>	DATE 3/12/2008	DAYTIME PHONE # 305 247 1485