

To: 212

From: Spiegel & Utrera

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90125 019 \*\*\*\*75.00

DOCUMENT # N04000004358  
1. Entity Name  
Rock Bottom Farms Inc.

**DO NOT WRITE IN THIS SPACE**

50051582

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Florida</u>		3. Mailing Address <u>Hans Liptak</u>	
Suite, Apt. #, etc. <u>32030 Chipola Tr.</u>		Suite, Apt. #, etc. <u>32030 Chipola Tr.</u>	
City & State <u>Sorrento FL</u>		City & State <u>Sorrento, FL</u>	
Zip <u>32776</u>	Country <u>U.S.</u>	Zip <u>32776</u>	Country <u>U.S.</u>

4. FEI Number <u>770638610</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <u>Spiegel &amp; Utrera, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 Coral Way, 4th Floor</u>	
City <u>Miami</u>	Zip Code <u>FL 33145</u>

**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

SIGNATURE Natalia Utrera Spiegel & Utrera, 4/27/05  
Signature, typed or printed name of registrant agent and fee, if applicable (NOTE: Registered Agent signature required when ratifying) P.A. DATE

FEE IS \$61.25: Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D HANS LIPTAK 32030 Chipola Tr. Sorrento FL 32776</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/T/D SUZANNE LIPTAK 32030 chipola Tr. Sorrento FL 32776</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Hans Liptak 4-27-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed

CR2E037B (12/01)