

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 16, 2009  
Secretary of State**

DOCUMENT# N08000005663

Entity Name: SACRED FARMS MINISTRIES, INC.

**Current Principal Place of Business:**

240 NE 110TH TERRACE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

240 NE 110TH TERRACE  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 26-2795269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PIERRE, ROMANIE  
240 NE 110TH TERRACE  
MIAMI, FL 33161      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PIERRE, ROMANIE  
Address: 240 NE 110TH TERRACE  
City-St-Zip: MIAMI, FL 33161

Title: VP      ( ) Delete  
Name: FRANCOIS-MEHU, CLAUDE  
Address: 240 NE 110TH TERRACE  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMANIE PIERRE

P

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date