

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # N96000006549

1. Entity Name
FLORIDA FARMERS, INC.



Principal Place of Business
1451 WEST CYPRESS CREEK ROAD, SUITE 100
FORT LAUDERDALE, FL 33309

Mailing Address
1451 WEST CYPRESS CREEK ROAD, SUITE 100
FORT LAUDERDALE, FL 33309



05012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0714546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, J L
1451 W CYPRESS CREEK RD
STE 100
FT LAUDERDALE, FL 33309

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SMIGEL, GARY
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	PD
NAME	DIMARE, PAUL J
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	S
NAME	RODRIGUEZ, J. LUIS
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	NEILL, DAVID
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	TAYLOR, JAY
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	ESFORMES, JOSEPH
STREET ADDRESS	503 10TH ST WEST
CITY-ST-ZIP	PALMETTO, FL

U00000757915
05/23/07-80092-013 61.25

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007

Date

Daytime Phone #