FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90093 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000001052

1. Entity Name
CODY SOD FARMS, INC.

Principal Place of Business	Mailing Address
~~9717 BRYANT RD~~ LITHIA, FL 33547	9717 BRYANT RD LITHIA, FL 33547

04012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5700 SW 123 Ave	P.O Box 1954
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Okeechobee, FL
Zip: 33183 Country: USA	Zip: 34973 Country: USA

4. FEI Number: 59-3620280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, CONRADO ~~1825 SE 4TH STREET~~ ~~OKEECHOBEE, FL 34974~~	Name Street Address (P.O. Box Number is Not Acceptable) 1963 SW 24 Ave City: Okeechobee FL Zip Code: 34974

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADRON, LAZARO 9717 BRYANT RD LITHIA, FL 33547	☒ Delete	D, S.T. BARBARA Rodriguez 5700 SW 123 Ave, MIA, FL 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADRON, ILDA 9717 BRYANT RD LITHIA, FL 33547	☒ Delete	D, V.P. PABLO M. LOPEZ 5700 SW 123 Ave, MIA, FL 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, CONRADO 1825 SE 4TH STREET OKEECHOBEE, FL 34974	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Conrado Rodriguez CONRADO Rodriguez 4/8/05 (863) 4678203
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR PresidenT. DATE Daytime Phone #