2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P0000003545 1. Entity Name 04-29-2004 90277 045 ***158.75 ROLEX FARMS CORP. Principal Place of Business Mailing Address 4800 S.W. 64TH AVE., STE. 102B DAVIE FL 33314 4800 S.W. 64TH AVE., STE. 102B 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0249603 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 00 SN, 64B NO The above named entity submits this statement for the obligations of registered agent. tyregistered office or registered agent, or both, in the State of Florida. I am fan al in SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPD TITLE ☐ Delete TITLE Change Addition MARSHALL, ERIC NAME NAME STREET ADDRESS 4800 S.W. 64TH AVE., STE. 102B STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition NAME PARADISO, LINDA STREET ADDRESS 4800 S.W. 64TH AVE., STE. 102B STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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:

FILED