

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104681

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: THE COUNTRY FARMER, CORP.

## Current Principal Place of Business:

3793 SW 152ND PL  
MIAMI, FL 33185

## New Principal Place of Business:

## Current Mailing Address:

3793 SW 152ND PL  
MIAMI, FL 33185

## New Mailing Address:

FEI Number: 65-1068846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAZZA-MARTINEZ, TANIA A  
782 NW 42 AVE STE 638  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

INCIARTE, RAFAEL A  
8290 LAKE DRIVE  
248  
MIAMI, FL 33166 US

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: RAFAEL INCIARTE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: INCIARTE, DOUGLAS J  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: INCIARTE, JUAN C  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: BALZA, MARISELA  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: INCIARTE, ASTOLFO J  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: INCIARTE, DOUGLAS  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: INCIARTE, NEIDA I  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: BALZA, MARISELA  
Address: 3793 SW 152ND PL  
City-St-Zip: MIAMI, FL 33185

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J. INCIARTE

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date