

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104681

FILED
Apr 25, 2005
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:

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

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

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

04/25/2005

Electronic Signature of Signing Officer or Director

Date