## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000022254

Entity Name: BCN FARMS, INC

FILED Apr 25, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
501 SAND\ BRANDON							
Current Mailing Address:				New Mailing Address:			
501 SANDY BRANDON							
FEI Number:	59-3703226	FEI Number Appli	ied For ( ) FEI Nu	mber Not Appli	icable ( )	Certificate of	f Status Desired()
Name and	Address o	of Current Registere	ed Agent:	Name and	Address of	New Registe	red Agent:
KEITH, W. 1722 STAY VALRICO, I	SAIL DR	US					
The above in the State		ty submits this stater	ment for the purpose o	of changing it	s registered	l office or regis	stered agent, or both,
SIGNATUR	E:						
	Elect	ronic Signature of Re	egistered Agent			Dat	e
Election Cam	paign Finan	cing Trust Fund Contrib	oution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D KEITH, W. C 1722 STAYS VALRICO, F	SAIL DR		Title: Name: Address: City-St-Zip:	1	()Change ()A	ddition
Title: Name: Address: City-St-Zip:	PD KUE, CHOJ 501 SANDY BRANDON,	CREEK DR		Title: Name: Address: City-St-Zip:	ı	()Change ()A	ddition
Title: Name: Address: City-St-Zip:	S YANG, BEAI 9954 STOC TAMPA, FL	KBRIDGE DR		Title: Name: Address: City-St-Zip:	T YANG, BEAU 9954 STOCK TAMPA, FL	BRIDGE DR	ddition
Title: Name: Address: City-St-Zip:	VP KUE, VANG 19159 REN DETROIT, M	O ST		Title: Name: Address: City-St-Zip:	,	()Change ()A	ddition
Title: Name: Address: City-St-Zip:	T YANG, TOU 11216 AND RIVERVIEW	Y DR		Title: Name: Address: City-St-Zip:	S YANG, TOU I 11216 ANDY RIVERVIEW,	DR	ddition

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: CHOJ KUE PD 04/25/2005