


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000027985 1. Entity Name M.E. FARM INC.	
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Principal Place of Business 39390 SW 209TH AVENUE HOMESTEAD, FL 33034	Mailing Address 39390 SW 209TH AVENUE HOMESTEAD, FL 33034
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1084281	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEYJAS, JOSE M
39390 SW 209TH AVENUE
HOMESTEAD, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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

Jose M. Leyjas

Signature typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-17-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEYJAS, JOSE M 39390 SW 209TH AVENUE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEYJAS, ENRIQUE 39390 SW 209TH AVENUE HOMESTEAD, FL 33034
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jose M. Leyjas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-17-07