


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90064 033 \*\*\*158.75

<b>DOCUMENT # P01000034729</b> 1. Entity Name <b>A + FARMS, INC.</b>					
Principal Place of Business <b>2000 NW 72 AVENUE MIAMI, FL 33152</b>			Mailing Address <b>PO BOX 227246 MIAMI, FL 33122-7246</b>		
2. Principal Place of Business <b>2000 NW 70 AVE</b>		3. Mailing Address <b>2000 NW 70 AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1094120</b>	
Zip <b>33122</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, MAYRA 3690 SW 152 PL MIAMI, FL 33185</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15308 SW 69 LANE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33193</b>	
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 <i>Mayra Fernandez</i> <b>MAYRA FERNANDEZ REGAGENT</b> <b>3/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NUMPAKE, VELLER H <del>3690 SW 152 PL</del> <del>MIAMI, FL 33185</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FERNANDEZ, MAYRA <del>3690 SW 152 PL</del> <del>MIAMI, FL 33185</del>	<input type="checkbox"/> Delete			
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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: <i>[Signature]</i> <b>PRESIDENT</b> <b>03-19-04</b> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					