FOR PROFIT CORPORATION

FILED Aug 25, 2002 8:00 am

CINIFORM BUSINES:	3 KEPUKI	(U	BK)	Secretary of State
DOCUMENT # PO1000042144			08-25-2002 90196 050 ***158.75	
FARM MASTER	S. Fuc			
DO NOT WRITE IN THIS SPACE			Antagan	
2. Principal Place of Business 7890 Peters Rd. 3. Mailing Address Peters Rd. 7890 Peters Rd.				
#6-106	Suite, Apt. #, etc. # 6-106			DO NOT WRITE IN THIS SPACE
Plantation, Homan	City & State Lawren, Harida		torida	4. FEI Number Applied For Not Applicable
Zip 33324 Roward	745EE aiz	Ċou	Sroward	5. Certificate of Status Desired \$8.75 Additional Fee Required
IN THIS SPACE				7. Name and Address of Current Registered Agent
			Street Address (P.O. Box Number is Not Acceptable)
			789	O Peters Road #6-106
$\overline{}$			City Plan	tection FL Zip Code 38324
8. The above named entity submits this statement for the p	urpose of changing its re	egistere 1	d office or register	ed agent, or both, in the State of Florida.
SIGNATURE Signature, typed or integral are of registered agent and title in	applicable. (NOTE: I	Cegistere:	Agent signature required	Vesto August 19/02
9. This corporation is eligible to sals y its Intangible Tax filing requirement and elected do so. January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be				
(See criteria on back)	Amended Make Check Payable	UBR is to De	\$61.25 partment of Stat	I ITUST FUND Contribution Added to Fore
President, Divector, S		TITLE		- F
STREET ADDRESS 7890 Peters Post #	G-10L	name Stree	T ADDRESS	(12/4)
TILE Plantation, Florida	¥ 3337A	СПҮ-	ST-ZIP	CR2E034B (12/01)
NAME STREET ADDRESS		TITLE NAME		GR2E
CITY-ST-ZIP	,	STREET CITY-S	T ADDRESS ST - ZIP	
HTLE		TITLE		
STREET ADDRESS CITY-ST-ZIP		STREET CITY - S	TADORESS ST-ZIP	DO NOT WRITE
TITLE NAME		TITLE		IN THIS SPACE
STREET ADDRESS CITY - ST- ZIP			ADDRESS	
TITLE	·	TITLE		
NAME STREET ADDRESS		NAME STREET	ADDRESS	
CITY-ST-ZIP TITLE		CITY-S TITLE	T-ZIP	
NAME STREET ADDRESS	,	NAME	************	·
C(TY-ST-ZIP	,	CITY-S		
 I hereby certify that the information supplied with this filin indicated on this report of supplemental report is true an of the corporation of the receiver or trustee emograph 	ng does not qualify for the	e exemp	ption stated in Sect e shall have the sa	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath, that I am an officer or director
attachment with an address, with all other like empowered.				
SIGNATURE: Caves Wax Vecps - Viewant 8/19/02 473-5070				

FARM MASTERS, INC.

7890 Peters Road, # G-106 Plantation, Florida 33324

FLORIDA DEPARTMENT OF STATE UNIFORM BUSINESS REPORT. DIVISION OF CORPORATIONS P. O. BOX # 1500 TALLAHASSEE, FLORIDA 32302-1500

AUGUST 20, 2002 OUR REF: 02-211

REF: FARM MASTER UNIFORM BUSINESS REPROT (UBR) 2002; DOC # P01000042144

DEAR SIRS:

IN ACCORDANCE WITH OUR TELEPHONE CONVERSATION OF TODAY, THIS LETTER WILL SERVE TO CONFIRM TO YOU THAT UNFORTUNATELY, DUE TO OUR CHANGE OF ADDRESS, THE UBR FORM FOR 2002 WAS NEVER RECEIVED BY US, SINCE IT WAS MAILED TO OUR OLD ADDRESS; 1151 N.W. 101 ST. AVENUE, PLANTATION, FL. 33322.

IN THIS REGARDS, PLEASE FIND ENCLOSED HEREWITH A SIGNED UBR FORM FOR 2002 AND OUR CHECK # 126 FOR US\$158.75, AS OUR FEE FOR THE UBR FOR 2002.

WE ASK YOU TO PLEASE WAVE OUR LATE FEE, BEING THAT THE ORIGINAL FORM WAS RETURNED BACK TO YOU DUE TO OUR ADDRESS CHANGE.

THANKING YOUR FOR THE ATTENTION TO THE ABOVE, I REMAIN

TRULY YOURS,____

FARM MASTER, INC.

CARLOS MAN CRESPO PRESIDENT