2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90034 020 ***150.00

DOCUMENT # P01000047820

1. Entity Name
VERANDA FARMS, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH RD SUITE 211 LAKE WORTH, FL 33463	5700 LAKE WORTH RD SUITE 211 LAKE WORTH, FL 33463

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
14334 Wellington Trace	14334 Wellington Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number: 61-1401992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, PATRICIA
13755 GREENTREE TRAIL
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name: Andrade, Patricia
Street Address (P.O. Box Number is Not Acceptable): 14334 Wellington Trace
City: Wellington FL Zip Code: 33414

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 X P. Andrade. Patricia Andrade, Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ANDRADE, ALFONSO 13755 GREENTREE TRAIL WELLINGTON, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14334 Wellington Trace Wellington Florida 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDRADE, PATRICIA 13755 GREENTREE TRAIL WELLINGTON, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 14334 Wellington Trace Wellington FL 33414
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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: X P. Andrade. Patricia Andrade 2/16/06 561-333-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #