2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057787

Entity Name: LOXAHATCHEE FARMS, INC.

FILED May 01, 2008 Secretary of State

| - | | , | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | FRUIT AVE. CID, FL 33852 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | FRUIT AVE. CID, FL 33852 | | | | |
| FEI Number | : 65-1124953 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address o | f New Registered Agent: | |
| | ERIN K FRUIT AVE. .CID, FL, FL 33 | 852 US | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| | | (2)(b), F.S., the corporation did no Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ` ' | ΓAVE. | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ERIN K. KAPALO **PRES** 05/01/2008