

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90009 009 \*\*\*150.00

**DOCUMENT # P01000108050**

1. Entity Name  
**FARMAPUEBLO OVERSEAS, INC.**



Principal Place of Business

**2545 HUNTER RUN WAY  
WESTON, FL 33327**

Mailing Address

**2545 HUNTER RUN WAY  
WESTON, FL 33327**

**24084733**

2. Principal Place of Business

**10182 N.W 4TH ST**

3. Mailing Address

**10182 N.W 4TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004

Chg-P

CR2E034 (10/03)

City & State

**SUNRISE FL**

City & State

**SUNRISE FL**

4. FEI Number

**65-1152435**

Applied For

Not Applicable

Zip

**33351 BROWARD**

Zip

**33351 BROWARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

**ARIAS, ILEANA  
1725 MAIN STREET SUITE 205  
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

**YOLANDA PIREIA.**

Street Address (P.O. Box Number is Not Acceptable)

**2329 KINSINGTON CIRCLE**

City

**WESTON**

FL

Zip Code

**33332**

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

*[Signature]*

**09/08/04.**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PIRALA VRDANETA, ISILIO  
STREET ADDRESS 2545 HUNTER RUN WAY  
CITY-ST-ZIP WESTON, FL 33327 ☐ Delete

TITLE TS  
NAME MARTINEZ, DANIEL  
STREET ADDRESS 2545 HUNTER RUN WAY  
CITY-ST-ZIP WESTON, FL 33327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #