FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91440 033 ***160.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	HITUKM BUSINE	<u>33 repurij</u>	UB	K)					
DOCUMENT # P02000060586 1. Entity Name PICO'S FARM CORPORATION								·	
Principal Place of Business 709 BALD CYPRESS ROAD WESTON, FL 33327		Mailing Address 709 BALD CYPRESS ROAD WESTON, FL 33327							
2. Principal Place of Business		3. Mailing Address			{				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stale		City & State		4. FEI Number Applied For Not Applied For Not Applicable					
Zip	Country	_ZIp	Count	iry		ertificate of Status Desired		8.75 Add	litional d
	6. Name and Address of Current P	Registered Agent			7. N	ame and Address of New Re	gistered A	gent	
MARTINEZ, FRANCISCO			Name ·						
709 BALD CYPRESS ROAD WESTON, FL 33327				Street Address (reet Address (P.O. Box Number is Not Acceptable)				
		•		City				Zip Code	<u> </u>
The above named entity submits this statement for the purpose of changing its registere					red age	ent, or both, in the State of Flor	FL rida. I am 1		
the obligations of registered agent.									
SIGNATURE									
14	Signature, typed or printed name of registered against	nd tide il applicable. (NOTE:	Registera.	i Agentagnature required	d when rei	nsuring)	DATE		
Ang Malie Li esi	i i k noviki Perise (600) Vay i 200 Fre di be (800) Payabe o Pande Cepanine de			-		Section Campaign Fine Trust Fund Contribution			O May Be I to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE .	D MARTINEZ, FRANCISCO	☐ Delete	TITLE]		•		Change	☐ Addition
STREET ADDRESS City-ST-2P	709 BALD CYPRESS ROAD WESTON, FL 33327			ET ADDRESS ST-ZIP					
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NAME STREET ADDRESS	*		NAME STREE	ET ADDRESS					ſ
CITY-ST-ZP		ti.		ST-ZIP					

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 suppliemental 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:

Munsil Francisa Mantinez

05-01-2003

(954) 275 7149