2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P02000072957 1. Entity Name HOMESTEAD ORGANIC FARMS, INC.				Jı	FILED Jul 16, 2008 08:00 AM Secretary of State		
Principal Plac	ce of Business	Mailing Address			•		
27450 SW 177TH AVE. 27450 SW 177TH AVE.							
HOMESTEAD), FL 33031	HOMESTEAD, FL 33031					
						TO (618) 8111 (87) 83 (1 1 1 1 1 1	
				07052008	No Chg-P CR2E0:	34 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	4. FEI Number Applied For		
				52-236	52-2366364 Not Applice		
				5. Certificate	5. Certificate of Status Desired \$8.75 Addition: Fee Required		
	6. Name and Address of Current Re	gistered Agent	1 2 4 2 5 5 7 4 4 4 4 4 4	1989 Northwelle Treatment of the		ree required	
	O, Marie and Address of Current No.	Alata an Adair		2 A 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TICE, JAN				na	NOT WRITE		
16220 SW 280TH ST						4100 - 2 57 00 1 1 1 1 1 1	
HOMESTEAD, FL 33031					THIS SPACE		
	named entity submits this statement for the	ne purpose of changing its register	red office or regi	istered agent, or bo	th, in the State of Florida. I am b	amiliar with, and accept	
ine ooligai	tions of registered agent.	-f.					
SIGNATURE_ temes & Lee							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent #ignature red	uired when reinstating)	DATE		
FILE NOWIN FEE 18 \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DI	RECTORS	100000000000000000000000000000000000000		I		
TITLE	D	•					
NAME	HOWARD, DANNY D						
STREET ADDRESS	27450 SW 177TH AVE.						
CITY-ST-ZIP	HOMESTEAD, FL 33031						
TITLE NAME							
STREET ADDRESS					U00000955173		
CITY-ST-ZIP					07/16/08-80006-0	001 158.75	
TITLE					. 1. 1992 (1997 0.191) QUARA 1917 (1917 1918) - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	mas no crassas ao mai 1928 Million e Alexando III de S	
NAME				lukarin.			
STREET ADDRESS				n D	NOT WRITE	_	
CITY-ST-ZIP				PO			
TITLE				in :	THIS SPACE		
NAME							
STREET ADDRESS CITY-ST-ZIP]						
		w					
TITLE NAME							
STREET ADDRESS							
CITY - ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS			1999 (1993) 2022 (1993)				
Crty-St-Zip	<u> </u>		V-9000000000000000000000000000000000000				
12. I hereby of	certify that the information supplied with the	is filing does not qualify for the ex	cemptions contains	ined in Chapter 119	9, Florida Statutes. I further certi	fy that the information	
of the cor changed,	on this report or supplemental report is in rporation or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report as required to execute this report as required all other like empowered.	ired by Chapter	607, Florida Statut	es; and that my name appears in	Block 10 or Block 11 if	