## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000134375

Title:

Name:

Address:

City-St-Zip:

Entity Name: F & K FARM ASSOCIATES, INC

FILED Jan 25, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
19000 SW 192ND ST. MIAMI, FL 33187			20025 SW 202 AVE MIAMI, FL 33187	20025 SW 202 AVE. MIAMI, FL 33187	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
19000 SW 192ND ST. MIAMI, FL 33187			PO BOX 901076 HOMESTEAD, FL 3	PO BOX 901076 HOMESTEAD, FL 33090	
FEI Number:	38-3677957	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
RODRIGUEZ, ESTEBAN 16451 NW 84TH AVE. MIAMI, FL 33016 US					
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.					
SIGNATUR	E:				
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E RODRIGUEZ, AL 19000 SW 192NI MIAMI, FL 33187	OST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ()E RODRIGUEZ, DA 19000 SW 192NI MIAMI, FL 33187	O ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ()E RODRIGUEZ, ES 19000 SW 192NI MIAMI, FL 33187	OST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

VD

RIVERO, FELIX

MIAMI, FL 33018

17690 NW 89TH AVE.

(X) Change ( ) Addition

SIGNATURE: FELIX RIVERO VD 01/25/2006

() Delete

RIVERO, FELIX

MIAMI, FL 33187

19000 SW 192ND ST.