

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035029

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: NAU'S FARM INC.

**Current Principal Place of Business:**

4390 SW YAMADA DRIVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

11659 SW AVENTINO DR  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 65-1180708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAU, RITHY  
4390 SW YAMADA DRIVE  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NAU, RITHY  
Address: 4390 SW YAMADA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V  
Name: NAU, SOKONA HEM  
Address: 4390 SW YAMADA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: NAU, KAREN M  
Address: 4390 SW YAMADA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T  
Name: NAU, SOKUNTHEA  
Address: 4390 SW YAMADA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: RITHY NAU

P

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date