

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90172 024 ***150.00

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1. Entity Name
LA PRINCIPAL FARMS, INC.



Principal Place of Business
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

Mailing Address
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

40065703



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0482374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, RONIEL
20901 S.W. 238 ST.
HOMESTEAD, FL 33031

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, RONIEL
STREET ADDRESS 20901 S.W. 238 ST.
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE SD
NAME HERNANDEZ, ~~URBEN~~ **URBEIL**
STREET ADDRESS 20901 S.W. 238 ST.
CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06
Date

Daytime Phone # _____