

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90034 048 \*\*\*150.00

DOCUMENT # P04000026576

1. Entity Name

NOVSY FARMS, INC.



Principal Place of Business

451 S.E. 8TH STREET  
HOMESTEAD FL 33030  
US

Mailing Address

P.O. BOX 924430  
HOMESTEAD FL 33092  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

28600 SW 132 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 13

1st MOORE

CR2E034 (10/07)

City & State

City & State  
HOMESTEAD FLORIDA

4. FEI Number

20-0730128

Applied For

Not Applicable

Zip

Country

Zip

Country

33033

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, CHARLES R  
28600 S.W. 132 AVENUE  
12  
HOMESTEAD FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Charles R Turner*

1-26-08

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, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME TARASSU, VORANUCH  
STREET ADDRESS P.O. BOX 924430  
CITY-ST-ZIP HOMESTEAD FL 33092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRES ☐ Delete  
NAME TARASSU, NOOKOOL  
STREET ADDRESS P.O. BOX 924430  
CITY-ST-ZIP HOMESTEAD FL 33092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME PAKKARATO, SAITAN  
STREET ADDRESS P O BOX 924430  
CITY-ST-ZIP HOMESTEAD FL 33092

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Voranych Tarassu*

VORANUCH TARASSU

1-26-08

305-763-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #