

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048685

Entity Name: SAMARAH FARMS, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

10651 N W 60 AVENUE
OCALA, FL 34482

New Principal Place of Business:

10651 NW 60 AVENUE
OCALA, FL 34482

Current Mailing Address:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC
1152 N UNIVERISTY DRIVE STE. 202
PEMBROKE PINES, FL 33024

New Mailing Address:

% SOUTH BROWARD ACCTNG SVCS
5599 S UNIVERSITY DRIVE ~ STE 306
DAVIE, FL 33328

FEI Number: 20-0880644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEDIA, MIRTA
1152 N UNIVERISTY DRIVE STE. 202
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CHEDIA, MIRTA
% SOUTH BROWARD ACCTNG SVCS
5599 S UNIVERSITY DRIVE ~ STE 306
DAVIE, FL 33328 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.

SIGNATURE: MIRTA CHEDIAK

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILENSKY, HERMAN
Address: 4330 SW 53 AVENUE
City-St-Zip: DAVIE, FL 333143823 US

Title: D () Delete
Name: GONZALEZ, PEDRO
Address: 7055 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143 US

Title: D () Delete
Name: DE LA TORRES, GUIDO
Address: 800 W 53 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: D () Delete
Name: MAESTRE, ANGEL
Address: 610 WEST 53 STREET
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAESTRE, ANGEL
Address: 610 W 53 STREET
City-St-Zip: HIALEAH, FL 33012 US

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.

SIGNATURE: HERMAN WILENSKY

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date