2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P04000048685

Entity Name: SAMARAH FARMS, INC.

Current Principal Place of Business:

10651 NW 60 AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

4330 SW 53RD AVE
DAVIE, FL 33314

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

Name and Address of New Registered Agent:

STEIN, TARA
9450 POINCIANA PLACE #111
DAVIE, FL 33324 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: TARA STEIN 02/04/2009
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 W 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/04/2009
Electronic Signature of Signing Officer or Director Date