2007 FOR PROFIT CORPORATION

FILED Jan 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P04000091515** COCO SOD FARMS INC. Principal Place of Business Mailing Address 113 N.W. 11TH AVE 113 N.W. 11TH AVE OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1272550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERGARA, FERNANDO DO NOT WRITE 113 N.W. 11TH AVE OKEECHOBEE, FL 34972 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 atte # appacable (NOTE: Registered Agent signature required when reinstating) U00000606056 01/30/07-80063-008 150.08 FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILLE VERGARA, FERNANDO NAME 113 N.W. 11TH AVE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34972 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 organ appears with an address, with a direct ke empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

LIGNATURE AND TYPED OF PRINTED PAME OF BIGHING OFFICER OR DIRECTOR