


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000103021					
1. Entity Name PINE ISLAND TOMATO FARMS, INC.					
Principal Place of Business 8320 S W 164TH ST MIAMI, FL 33157-3641			Mailing Address 8320 S W 164TH ST MIAMI, FL 33157-3641		
2. Principal Place of Business - No P.O. Box # 24405 SW 129 Avenue		3. Mailing Address P.O. Box 247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Goulds, FL 3		City & State Goulds, FL 33170		4. FEI Number 20-1351085	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, CHARLES R 1310 N KROME AVE HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name Eileen Weber P.A. Street Address (P.O. Box Number is Not Acceptable) 9374 SW 212 Terrace City Cutler Bay FL Zip Code 33189		
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 <u>Eileen Weber P.A. by Eileen Weber as President</u> 10/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISHART, JACK 8320 S W 164TH ST MIAMI, FL 331573641 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST D G. LYNN CHAFFIN 7380 SW 113 Street Pinecrest, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900137130959 10/21/08--01025--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/10/21 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]

Date: 10/15/08 305 322 3740

FILED
08 OCT 21 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10142008 Chg-P CR2E034 (12/06)

**LIST OF ALL OFFICERS AND DIRECTORS OF
PINE ISLAND TOMATO FARMS, INC.
Document # P04000103021**

President, Secretary and
Treasurer

G. Lynn Chaffin
7380 S.W. 113th Street
Pinecrest, FL 33156
Daytime Phone: 305 322 3746

Director

G. Lynn Chaffin
7380 S.W. 113th Street
Pinecrest, FL 33156
Daytime Phone: 305 322 3746