

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143296

Entity Name: BORINQUEN FARMS INC

FILED  
Jan 17, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 6035  
DELTONA, FL 32728 US

**New Principal Place of Business:**

3460 FLORENTINE ST  
DELTONA, FL 32738 US

**Current Mailing Address:**

P.O. BOX 6035  
DELTONA, FL 32728 US

**New Mailing Address:**

FEI Number: 59-3691833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, RAMON L  
245 SAXON BLVD  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMOS, RAMON L  
Address: P.O. BOX 6035  
City-St-Zip: DELTONA, FL 32728 US

Title: VP ( ) Delete  
Name: MEDINA, JOSUE  
Address: P.O. BOX 6035  
City-St-Zip: DELTONA, FL 32728 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOSUE MEDINA

VP

01/17/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date