2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State
05-18-2005 90027 010 ***150.00

66022093

DOCUMENT # P04000151438

1. Entity Name
BIOFISHFARM FLORIDA, INC

Principal Place of Business	Mailing Address
600 BRICKELL AVENUE, #206-F MIAMI, FL 33131	600 BRICKELL AVENUE, #206-F MIAMI, FL 33131

-05102005- Chg-P- -CR2E034 (10/03)-

2. Principal Place of Business: 600 Brickell Av.
Suite, Apt. #, etc.: Suite 206 F
City & State: Miami
Zip: FL. Country: 33131

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: 33130 Country: Dade

4. FEI Number: 201844531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIKMAN, LEON
747 S.W. 5 STR
#2
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: Werner Wintermeyer
Street Address (P.O. Box Number is Not Acceptable): 600 Brickell Av. Sui 206-F
City: Miami FL Zip Code: 33131

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: _____ 05/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINTERMEYER, WERNER 600 BRICKELL AVENUE, SUITE#206-F MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRIKMAN, LEON 600 BRICKELL AVENUE, SUITE#206-F MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TILLMAN, PHILIPPI 600 BRICKELL AVENUE, SUITE#206-F MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOATI, ELI 600 BRICKELL AVENUE, SUITE#206-F MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 05/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #