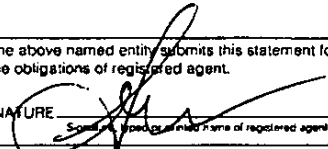
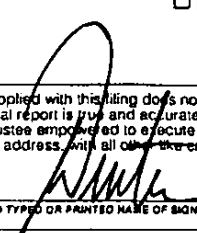


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-18-2005 90027 010 ***150.00

DOCUMENT # P04000151438			
1. Entity Name BIOFISHFARM FLORIDA, INC			
Principal Place of Business 600 BRICKELL AVENUE, #206-F MIAMI, FL 33131		Mailing Address 600 BRICKELL AVENUE, #206-F MIAMI, FL 33131	
2. Principal Place of Business 600 Brickell Av.		3. Mailing Address	
Suite, Apt. #, etc. Suite 206 F		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip FL	Country 33131	Zip 33130	Country 33130
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. Suite 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  DATE 05/29/05 Signature of person named in Block 7. If not applicable, leave blank. (NOTE: Registered Agent signature required when registering)			
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 P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WINTERMEYER, WERNER		NAME	
STREET ADDRESS 600 BRICKELL AVENUE, SUITE#206-F		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FRIKMAN, LEON		NAME	
STREET ADDRESS 600 BRICKELL AVENUE, SUITE#206-F		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME TILLMAN, PHILIPPI		NAME	
STREET ADDRESS 600 BRICKELL AVENUE, SUITE#206-F		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MOATI, ELI		NAME	
STREET ADDRESS 600 BRICKELL AVENUE, SUITE#206-F		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 05/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66022093

