2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P04000151454 1. Entity Name A & J FARMLANDS, INC. Principal Place of Business Mailing Address 15521SW 163 ST. 15521 SW 163 ST. **MIAMI FL 33187** MIAMI FL 33187 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For 20-1850999 Not Applicable Country Z_{1D} Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACEDO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 9745 MILLER DRIVE **MIAMI FL 33165** City Zip Code 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 Synutore, typed or prered name of registered agent and the Turptication. (NOTE Registered Apent amonture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE Derete TITLE Addition U000000836447 04/25/08-80008-008 150.00 PEREZ, JEANNETTE O NAME NAME STREET ADDRESS 15521 SW 163 ST. STREET ADDRESS CiTY-ST-ZIP MIAMI FL 33187 CITY-ST-ZIP VΡ TITLE ☐ Derete ПΠЕ ☐ Change Addition NAME PEREZ, ALEXIS MAME STREET ADDRESS 15521 SW 163 ST. STREET ADORESS MAMI FL 33187 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS City-St-7IE CITY-ST-7IP ☐ Change TITLE ☐ De-ete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TILLE Derete ☐ Change TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Deiete TITLE TILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplier with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or supplemental eye or is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the opporation or the receiver of truefee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if chapter of the properties of

Eata.

Davenie Phone #

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver of thanged, or on an attachment will

SIGNATURE:

FILED