
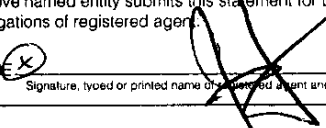



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90323 045 ***150.00

DOCUMENT # P04000152552 1. Entity Name PAPI'S FARM AND INVESTMENT, INC.					
Principal Place of Business 13260 SW 9 LANE MIAMI, FL 33184			Mailing Address 13260 SW 9 LANE MIAMI, FL 33184		
2. Principal Place of Business - No P.O. Box # 7875 NW 12 ST		3. Mailing Address 7875 NW 12 ST			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33126		Country USA		4. FEI Number 20-1857896	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, PABLO 13260 SW 9 LANE MIAMI, FL 33184			7. Name and Address of New Registered Agent Name GARCIA PABLO Street Address (P.O. Box Number is Not Acceptable) 7875 NW 12 ST #101 City MIAMI FL Zip Code 33126		
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  PABLO GARCIA REGISTERED AGENT 04-11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	P GARCIA, PABLO 13260 SW 9 LANE MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGES, ROSA M 13260 SW 9 LANE MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.			PABLO GARCIA PRESIDENT 04/11/07 305-597-7789		
SIGNATURE 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

40063600

