


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 004 ***158.75

DOCUMENT # P05000020518 1. Entity Name EL BUEN SEMBRADOR, INC					
Principal Place of Business 9820 SW 127 AVE MIAMI FL 33186			Mailing Address 9820 SW 127 AVE MIAMI FL 33186		
2. Principal Place of Business 9820 SW 127 AVE Suite, Apt. #, etc.		3. Mailing Address 9820 SW 127 AVE Suite, Apt. #, etc.			
City & State MIAMI FL 33186		City & State MIAMI FL 33186		4. FEL Number 20-2329246	
Zip 33186		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, FRANCISCO J 9820 SW 127 AVE MIAMI FL 33186				7. Name and Address of New Registered Agent Name RODNEY ESPINOSA Street Address (P.O. Box Number is Not Acceptable) 9820 SW 127 AVE City MIAMI FL Zip Code 33186	
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  (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPINOSA, RODNEY P 9820 SW 127 AVE MIAMI FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, FRANCISCO J 9820 SW 127 AVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR FERNANDEZ, VIVIANA C 9820 SW 127 AVE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied 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 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:  **RODNEY ESPINOSA** 04-24-06 (305) 382-6364