

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051448

FILED
Apr 18, 2011
Secretary of State

Entity Name: GABY'S FARM, INC.

Current Principal Place of Business:

25905 SW 197 AVE
SUITE B
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 900117
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 20-2628461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRYER, GABRIELLE M PH.D.
25905 SW 197 AVE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PST
Name: BERRYER, GABRIELLE M PH.D.
Address: 25905 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: PST
Name: BERRYER, GABRIELLE M PH.D.
Address: 25905 S.W. 197THAVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: PST
Name: BERRYER, GABRIELLE M PH.D.
Address: 25905 S.W. 197THAVE
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City-St-Zip: HOMESTEAD, FL 33031 US

Title: PST
Name: BERRYER, GABRIELLE M PH.D.
Address: 25905 S.W. 197THAVE
City-St-Zip: HOMESTEAD, FL 33031 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GABRIELLE BERRYER

PST

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date