


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000108257 1. Entity Name FARM STORES CORPORATION						FILED 2008 OCT 20 PM 2:02 CLERK OF STATE PALM BEACH, FLORIDA <i>SA 10-22</i>	
Principal Place of Business 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157				Mailing Address 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				10142008 Chg-P CR2E034 (12/06)			
				4. FEI Number 65-0957438		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				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	DCE BARED, CARLOS E 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137089228 10/20/08--01057--019 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARED, JOSE P 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCO BARED, MAURICE 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, BECKY 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA-PEDROSA, JOSE 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY, FL 33157			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10-14-08 800-726-3276 Date Daytime Phone #			