

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

05-01-2006 90324 037 ***158.75

DOCUMENT # P05000130000 1. Entity Name VIA PARADISUS FARMS, INC.					
Principal Place of Business 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491			Mailing Address 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3506462				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, GLENN E 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	REINTJES, STEVEN L		NAME		
STREET ADDRESS	2200 W. 59TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MISSION HILLS, KS 66208		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LANE, GLENN E		NAME		
STREET ADDRESS	10935 SE 177TH PLACE, #305		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, and am either like empowered.					
SIGNATURE: _____		_____ Glenn E Lane, Dir. 4/13/06 352-245-5090 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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