
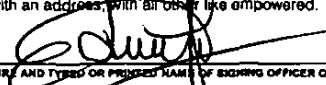


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/2

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-02-2008 90147 008 ***150.00

DOCUMENT # P06000005956		
1. Entity Name E TREJO FARMS, INC		
Principal Place of Business 22742 N BUCKHILL RD HOWEY IN THE HILLS, FL 34737		Mailing Address P O BOX 229 ASTATULA, FL 34705
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TREJO, EDUARDO 22742 N BUCKHILL RD HOWEY IN THE HILLS, FL 34737		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREJO, EDUARDO 22742 N BUCKHILL RD HOWEY IN THE HILLS, FL 34737	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREJO, ESTHER 22742 N BUCKHILL RD HOWEY IN THE HILLS, FL 34737	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 with all other like empowered. SIGNATURE:  4/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66014028



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4150027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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