

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90371 039 ***150.00

2007 FOR PROFIT CORPORATION
INITIAL REPORT

DOCUMENT # P06000011438

1. Entity Name
OK FARMS, INC.



Principal Place of Business Mailing Address
20450 SW 344TH ST. 20450 SW 344TH ST
HOMESTEAD, FL 33034 HOMESTEAD, FL 33034

40034336



03072007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4185921** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVAKIT, PREEDA
20450 SW 344TH ST.
HOMESTEAD, FL 33034

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **3-7-07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
OVAKIT, PREEDA
20450 SW 344TH ST.
HOMESTEAD, FL 33034 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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

DATE: **3-7-07**

Corporate Filing #