

2007 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND
FILED

07 JUN 20 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06182007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000017182			
1. Entity Name JESUS FARMS, INC.			
Principal Place of Business 8210 SW 28TH ST. MIAMI, FL 33155		Mailing Address 8210 SW 28TH ST. MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 639 S.W. INDEPENDENCE RD		3. Mailing Address 639 S.W. INDEPENDENCE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MAYO FLORIDA		City & State MAYO FLORIDA	
Zip 32066	Country LAFAYETTE	Zip 32066	Country LAFAYETTE
4. FFI Number 87-0761726		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALAGON, GIRALDA 8210 SW 28TH ST. MIAMI, FL 33155		7. Name and Address of New Registered Agent Name: ADDRESS CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable): 639 S.W. INDEPENDENCE RD City: MAYO FL Zip Code: 32066	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALAGON, GIRALDA 8210 SW 28TH ST. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600104947346 06/27/07--01058--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALAGON, YVETTE 8210 SW 28TH ST. MIAMI, FL 33155 <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	DV MALAGON, MELISSA 8210 SW 28TH ST. MIAMI, FL 33155 <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
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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: <u>Giselda Malagon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small>	
		<small>Daytime Phone #</small>	