

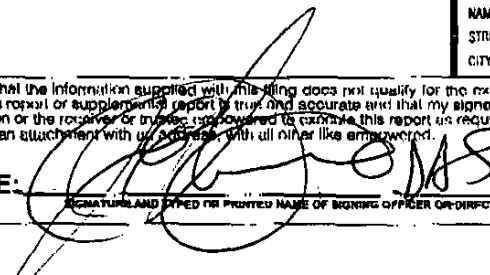
FROM :ABELAIRAS

FAX NO. :7864971900

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90035 043 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000053375			
1. Entity Name RIBAS FARM INC.			
Principal Place of Business 14155 SW 192 AVE MIAMI, FL 33196		Mailing Address 14155 SW 192 AVE MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3927 NW 7 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip 33126	Country USA
6. Name and Address of Current Registered Agent RIBAS, JOSE E 13735 SW 30TH ST MIAMI, FL 33175		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 _____ Signature, typed or printed name of registered agent next title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Mention 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	PTD RIBAS, JOSE E 13735 SW 30TH ST MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIBAS, DAMIANA 13735 SW 30TH ST MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIBAS, JOSE M SR 3230 SW 92 CT MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address with all other like information.			
SIGNATURE: 		1/7/08 305 54-7626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Officers Phone #	

40004132



01072008 Chg-P CR2E034 (12/08)

4. FEI Number
20-4811335 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**