

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083748

Entity Name: AMERIGO FARMS, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

3276 FIRST AVE
VINELAND ONTARIO CANADA, LOR2EO XX

New Principal Place of Business:

501 E WELCH RD
APOPKA, FL 32704

Current Mailing Address:

3276 FIRST AVE
VINELAND ONTARIO CANADA, LOR2EO XX

New Mailing Address:

3276 FIRST AVE
VINELAND ONTARIO CANADA, ON LOR2EO XX

FEI Number: 26-0586778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, H. JOHN
215 N JOANNA AVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBERS, JOHN P
Address: 3276 FIRST AVE
City-St-Zip: VINELAND ONTARIO CANADA, LOR2EO XX

Title: D () Delete
Name: ALBERS, LINDA J
Address: 3276 FIRST AVE
City-St-Zip: VINELAND ONTARIO CANADA, LOR2EO XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALBERS

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date