2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2008 8:00 am Secretary of State 06-19-2008 90001 023 ***550.00

DOCUMENT # P07000109994 1. Entity Name WESTSIDE FARMS, INC.									00-	19-20	08 900	01 023	330.00
Principal Place of Business				Mailing Address								•	
9905 CLINT MOORE ROAD BOCA RATON, FL 33496				9905 CLINT MOORE ROAD BOCA RATON, FL 33496				66015055					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06102008	Chg-F	1	CR2E	34 (12/06)	
City & State			City & State				4	. FEI Numb		80	05	<u> </u>	optied For of Applicable
Zip	Country			ip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
-		7	. Name and	Address of	New Re	gistered.	Agent						
MILLER & O'NEILL, P.L.						Name							
2300 GLADES ROAD, SUITE 400 E BOCA RATON, FL 33431				· · · · -	Street Address (P.O. Box Number is Not Acceptable)								
						City						Zip Cod	
8. The above	named entit	y submits this statement fo	r the pu	roose of changing its	register	<u> </u>	ered	egent, or bo	th. in the Sta	te of Flor	FL ida. Lem	<u> </u>	
	ions of regist					•							
SIGNATURE_	Signature, typed	or printed name of registered agent i	rd die f	appicable (NGII	: Pagetire	d Agent signature requi	wad wa	en (enustatud)			DATE		
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIREC	TORS	11.		,	ADDITIONS	CHANGES	ro offic	CERS AND	DIRECTOR	S IN 11
THE	D Deleta III											Change	☐ Addition
NAME STREET ADDRESS	1	, NORMAN A NT MOORE ROAD			ET ADDRESS								
CITY-SI-DP						-\$1-ZP						Change	CT Addition
HAME	D Detets 1171.											C Cauda	Addition
STREET ADDRESS CATY+ST-ZIP	9905 CLINT MOORE ROAD SIR					ET ADORESS -51-20P							
IIILE	D			☐ Delete	IIIL	i i						☐ Change	Addition
NAME STREET ADDRESS	ı	, JEFFREY A NT MOORE ROAD			NAM SIRE	E EI ADORESS							ĺ
CITY-ST-ZIP		TON, FL 33496			1	-S1-7/P							
TITLE				☐ Delete	IITLI NAM							Change	Addition
STREET ADDRESS	•					ET ADDRESS							
CITY-SI-ZIP					-	-\$1-ZIP							C torrio
NAME				☐ Delete	TITLE NAM	1						☐ Change	Addition
STREET ADDRESS	1					ET ADDRESS							
CITY-ST-ZIP	ļ			O	-	-SI-ZIP						Change	☐ Addition
NAME				☐ Delete	TITLI NAM	,						C) Greening	☐ Addition
STREET ADDRESS	ļ					ET ADDRESS							
12 I bereby i	certify that th	e information supplied with	this file	ino does not ounlike fo	the ex	-S1-ZP emotions contain	ned in	Chapter 119). Florida Sta	itutes. I fi	urther cert	tity that the in	tormation
12. I hereby certify that the information supplied with this filling 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 oosth; that I am an officer or director of the corporation or the receiver or truggle 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 officers, with all other like empowered.													
SIGNAT	TURE: _	RIGHATURE AND TYPES OF	ewitto		0/2	how/	/he	3 Mas	5/	1/0	<u>85</u>	6/-48	2-////