

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000006405

1. Entity Name
SOUTH DADE FARM SERVICES, INC.



Principal Place of Business
258 N.W. FIRST AVENUE
FLORIDA CITY, FL 33034

Mailing Address
PO BOX 900460
HOMESTEAD, FL 33090-0460 US



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0370196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000279140
03/28/05-80055-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DIMARE, PAUL J
258 N.W. 1ST AVE
FLORIDA CITY, FL 33034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
DIMARE, ANTHONY J
258 NW 1ST AVE
FLORIDA CITY, FL 33034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
FOLWELL, RONALD
258 NW 1ST AVE
FLORIDA CITY, FL 33034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Daytime Phone #

Ronald L. Folwell *Ronald L. Folwell* 03-22-05 205-245-4211