

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 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**

DO NOT WRITE IN THIS SPACE



07222006 No Chg-P CR2E034 (11/05)

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

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

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

TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	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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08/07/06-80009-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-06

Date

305-245-4211

Daytime Phone #