

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000006405

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** SOUTH DADE FARM SERVICES, INC.

**Current Principal Place of Business:**

258 N.W. FIRST AVENUE  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 900460  
HOMESTEAD, FL 330900460 US

**New Mailing Address:**

258 N.W. FIRST AVENUE  
FLORIDA CITY, FL 33034

**FEI Number:** 65-0370196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** DIMARE, PAUL J  
**Address:** 258 N.W. 1ST AVE  
**City-St-Zip:** FLORIDA CITY, FL 33034

**Title:** DST  
**Name:** DIMARE, ANTHONY J  
**Address:** 258 NW 1ST AVE  
**City-St-Zip:** FLORIDA CITY, FL 33034

**Title:** CFO  
**Name:** FOLWELL, RONALD L  
**Address:** 258 NW 1ST AVE  
**City-St-Zip:** FLORIDA CITY, FL 33034

I hereby 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 all other like empowered.

**SIGNATURE:** RONALD L. FOLWELL

CFO

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date