


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # P93000009251 1. Entity Name SUPER SIX FARMS, INC.	
--	---

Principal Place of Business 25405 SW 182 AVE HOMESTEAD, FL 33031	Mailing Address 25405 SW 182 AVE HOMESTEAD, FL 33031
--	--



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0393246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOREK, THOMAS
25405 SW 182 AVE
HOMESTEAD, FL 33031**

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000009255 05/06/08-80023-006 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE P	BOREK, THOMAS J 25405 SW 182 AVE HOMESTEAD, FL 33031
TITLE S	BOREK, HELEN E 25405 SW 182 AVE HOMESTEAD, FL 33031
TITLE 	
TITLE 	
TITLE 	
TITLE 	

**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:  **4-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #