

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000056024

1. Entity Name
HIGH Q SEEDS CORP.



Principal Place of Business
**6650 SW 189 WAY
SOUTHWEST RANCHES, FL 33332**

Mailing Address
**6650 SW 189 WAY
SOUTHWEST RANCHES, FL 33332**

FILED
Feb 09, 2005 08:00 AM
Secretary of State



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0460728** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSE FERNANDO, ARISTIZABAL
6650 SW 189 WAY
SOUTHWEST RANCHES, FL 33332**

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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**

10. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **ARISTIZABAL, JOSE**
STREET ADDRESS **6650 SW 189 WAY**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33332**

TITLE **P**
NAME **ARISTIZABAL, LILIANA**
STREET ADDRESS **6650 SW 189 WAY**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33332**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
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TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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02/09/05-80048-009 150.00

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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)(i), 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: *Liliana Aristizabal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #