

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 047 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000077752

1. Entity Name
LOS HABANEROS FARMS, INC.



Principal Place of Business

**2337 NW 5TH AVE
MIAMI, FL 33127**

Mailing Address

**2337 NW 5TH AVE
MIAMI, FL 33127**

40089010

2. Principal Place of Business - No P.O. Box #

1551 N.W. 29th ST

3. Mailing Address

1551 N.W. 29th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)



City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

95-0454778

Applied For

☐ Not Applicable

Zip

33142

County

Dade

Zip

33142

County

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INGELMO, ESTHER
2337 NW 5TH AVE
MIAMI, FL 33127**

Name

Street Address (P.O. Box Number is Not Acceptable)

1551 N.W. 29th ST

City

MIAMI

FL

Zip Code

33142

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	INGELMO, ESTHER	
STREET ADDRESS	2337 NW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	INGELMO, CRISTOBAL	
STREET ADDRESS	2337 NW 5TH AVE	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1551 N.W. 29th ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1551 N.W. 29th ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #