


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000070578 1. Entity Name THE FARM, INC.	
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Principal Place of Business 24120 SW 119 AVENUE MIAMI, FL 33032	Mailing Address 24120 SW 119 AVENUE MIAMI, FL 33032
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0316826	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 DORTA-DUQUE, MANUEL 24120 SW 119 AVENUE MIAMI, FL 33032
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**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORTA-DUGUE, MANUEL 11999 S.W. 248 STREET MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, ARQUIMIDES 11999 S.W. 248 STREET MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASALLAS-ALEJO, ABRAHAM 11999 SW 248 ST MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Manuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

Daytime Phone #