


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

| | |
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| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



05062008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 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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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 reinstating)
Signature, typed or printed name of registered agent and title if applicable

U000000951012
06/04/08-80014-020 150.00

DATE

| | | |
|--|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DORTA-DUGUE, MANUEL 11999 S.W. 248 STREET MIAMI, FL 33032 |
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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 **4/27/08 305.258-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #