

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 015 \*\*\*150.00

20050100



01192005 No Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000083776</b> 1. Entity Name LARGAY FARMS, INC.	
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Principal Place of Business 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US	Mailing Address 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0536997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT ROBINSON, JR., P.A.  
120 E. PALMETTO PARK RD., STE 150  
BOCA RATON, FL 33432

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARGAY, CHARLES E
STREET ADDRESS	9401 NW 106TH ST, STE 101
CITY-ST-ZIP	MEDLEY, FL
TITLE	ST
NAME	LARGAY, CHARLES E JR
STREET ADDRESS	9401 NW 106TH ST, STE 101
CITY-ST-ZIP	MEDLEY, FL
TITLE	VP
NAME	BARNEY, C JULIUS
STREET ADDRESS	9401 NW 106TH ST, STE 101
CITY-ST-ZIP	MEDLEY, FL
TITLE	AS
NAME	KNOWLES, JANET
STREET ADDRESS	9401 NW 106TH ST, STE 101
CITY-ST-ZIP	MEDLEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Janet Knowles, Assistant Secy 04/15/05 305-885-2458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JANET KNOWLES, ASSISTANT SECY.