2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33187

3. Mailing Address

Suite, Apt. #, etc.

US

16895 SW 208 STREET

DOCUMENT # P94000084571

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

16895 SW 208 STREET

MIAMI FL 33187

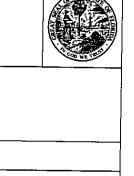
HS

JAY-RAY TROPICAL FARMS, INC.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90153 023 ***150.00





XX CHECK HERE IF MAKING CHANGES

Zip Country		City & State	Zip Country		4. FEI Number 65-0536653 Applie			
					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name	т 1			

KINDER, LESLIE A 16896 SW 208 STREET **MIAMI FL 33187**

SIGNATURE

Leslie A. Kinder

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

16895 SW 208 Street

City	Miami	

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034 (10/02)

10	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
STREET ADDRESS	NINDER, CYNTHIA 16895 SW 208 STREET MIAMI FL 33187	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS	D KINDER, LESLIE A 16895 SW 208 STREET MIAMI FL 33187	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	- D	Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 of the receiver or trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10, or Block 11 if

SIGNATURE: