

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000065643

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** STRAWBERRY TREE FARMS, INC.

**Current Principal Place of Business:**

8001 NW 54TH. ST.  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8001 NW 54TH. ST.  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0694792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TALKINGTON, ORAN B  
8200 SW 60TH. CT.  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FOLLINS, PHIL  
**Address:** 4713 SW BERMUDA WAY  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** D  
**Name:** TALKINGTON, ORAN B  
**Address:** 8200 SW 60TH. CT.  
**City-St-Zip:** MIAMI, FL 33143

**Title:** D  
**Name:** FRIEDMAN, ALAN  
**Address:** 8001 NW 54TH. ST.  
**City-St-Zip:** DORAL, FL 33166

**Title:** D  
**Name:** FRIEDMAN, ALAN  
**Address:** 8001 NW 54TH ST  
**City-St-Zip:** DORAL, FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ORAN B TALKINGTON

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date