

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095785

Entity Name: GRAJADA FARMS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7406 SW KANNER HWY
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

1035 GATEWAY BLVD, #201-101
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0716583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRICK, DAVID W
110 HALF MOON CIRCLE F-1
HYPOLUXO, FL 33462 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERRICK, VICKI J
Address: 6172 LANSLOWNE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: STD () Delete
Name: MERRICK, MAUREEN F
Address: 11446 63RD LANE N.
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: VD () Delete
Name: MERRICK, GRANT W
Address: 11446 63RD LANE N.
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: VD () Delete
Name: MERRICK, DAVID W
Address: 110 HALF MOON CIRCLE F-1
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID W. MERRICK

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date