


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90129 039 \*\*\*150.00

<b>DOCUMENT # P97000045581</b>	
1. Entity Name <b>SIERRA FARMS, INC.</b>	

Principal Place of Business <b>17420 CRAWLEY RD. ODESSA, FL 33556</b>	Mailing Address <b>17420 CRAWLEY RD. ODESSA, FL 33556</b>
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2. Principal Place of Business - No P.O. Box # <b>703 SWANN AV</b>	3. Mailing Address <b>703 SWANN AV</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FLA</b>	City & State <b>TAMPA FL</b>
Zip <b>33606</b>	Country <b>USA</b>
Zip <b>33606</b>	Country <b>USA</b>

**40081985**



01232008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3450021</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		
SIERRA, MICHAEL 703 W. SWANN AVE. TAMPA, FL 33606		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIERRA, MICHAEL 17420 CRAWLEY RD. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIERRA, CYNTHIA C 17420 CRAWLEY RD. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with a like empowered.

**SIGNATURE:**  **4/21/08** **813/258-2558**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #