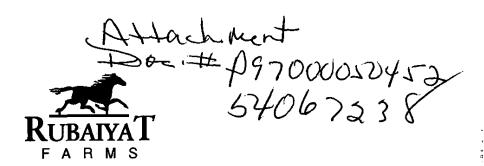
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 06, 2004 8:00 am Secretary of State DOCUMENT # P97000050452 08-06-2004 90003 013 ***150.00 RUBAIYAT FARMS, INC. Principal Place of Business Mailing Address 13524 ROSEWOOD LN. 13524 ROSEWOOD LN. 54067238 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 59-3452233 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEINSTEIN & SOROTA, P.A. Street Address (P.O. Box Number is Not Acceptable) 290 NORTHWEST 165TH ST PENTHOUSE 4- CITICENTRE MIAMI, FL 33169 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DΡ TITLE ☐ Delete TITLE Change Addition FEINSTEIN, ERIC S NAME NAME 13524 ROSEWOOD LN. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP NAPLES, FL 34119 CITY-S1-ZIP DVTS Delete TITLE ☐ Change ■ Addition TITLE FEINSTEIN, KATHY A NAME NAME 13524 ROSEWOOD LN. STREET ADDRESS STREET ADDRESS NAPLES,:FL 34119 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change . ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 effectle 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 than the changed of the corporation of the corp Eric Feinstein

FILED

Daylime Phone *



August 3, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Annual Report

Dear Sir/Madam:

Enclosed please find the corrected annual report reflecting the director's signature as required. Also please find check #1009 replacing the lost check in the amount of 150.00 representing the filing fee.

Please feel free to contact me should you have any questions.

Sincerely,

Kathy A. Feinstein

110448 34108. P.O. Box. 8565 • Naples, Florida 34101-8565 (941) 513-2272 • (941) 513-1094 Fax