

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90003 013 ***150.00

DOCUMENT # P97000050452

1. Entity Name
RUBAIYAT FARMS, INC.

Principal Place of Business
**13524 ROSEWOOD LN.
NAPLES, FL 34119 US**

Mailing Address
**13524 ROSEWOOD LN.
NAPLES, FL 34119 US**

54067238



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3452233

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FEINSTEIN & SOROTA, P.A.
290 NORTHWEST 165TH ST.
PENTHOUSE 4- CITICENTRE
MIAMI, FL 33169**

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, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FEINSTEIN, ERIC S**
STREET ADDRESS **13524 ROSEWOOD LN.**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **DVTS** ☐ Delete
NAME **FEINSTEIN, KATHY A**
STREET ADDRESS **13524 ROSEWOOD LN.**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eric Feinstein

8-3-04



Attachment
Doc # 897000052452
54067238

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