


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State


DOCUMENT # P97000077368

1. Entity Name
FLORINDIA FARMS, INC.



Principal Place of Business 1057 N.W. 50TH DRIVE POMPANO BEACH, FL 33064	Mailing Address 1057 N.W. 50TH DRIVE POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



03022004 No Cng-P CR2E034 (10/03)

4. FEI Number 65-0792664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUGH, JANIE
 1057 NW 50TH DR
 POMPANO BEACH, FL 33064

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000122460
 04/21/04-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT JURKIEWICZ, DENNIS 1057 N.W. 50TH DRIVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS BAUGH, JANIE 1057 N.W. 50TH DRIVE POMPANO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 like empowered.

SIGNATURE: *Janie Baugh* **3/2/04** **95497016831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #