

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000098812



Entity Name
NNACLE FARMS, INC.

Principal Place of Business

**7300 CORPORATE CENTER DR., STE. 304
MIAMI, FL 33126**

Mailing Address

**P.O. BOX 526325
MIAMI, FL 33152**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0798416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAICEDO, HERNANDO
7300 CORP. CTR. DR.
SUITE #304
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CAICEDO, HERNANDO**
STREET ADDRESS **7300 CORPORATE CENTER DR., SUITE 304**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VPT**
NAME **BERNAL, MAURICIO**
STREET ADDRESS **7300 CORPORATE CENTER DR., SUITE 304**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **S**
NAME **BEATRIZ, ALFARO**
STREET ADDRESS **7300 CORPORATE CENTER DR., STE 304**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/26/07-80034-021 158.75

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 507, 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: *Beatriz Alfaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.22.07 305-418-4080

Date

Daytime Phone #