


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90031 030 ***158.75

DOCUMENT # P98000042354

1. Entity Name
REDLAND FARMS, INC.



Principal Place of Business Mailing Address

~~18885 S W 134TH AVENUE~~ ~~15332 SW 164 STREET~~
~~MIAMI, FL 33177 US~~ ~~MIAMI, FL 33187 US~~

44024171

2. Principal Place of Business 3. Mailing Address


21105 SW 162 Avenue **21105 SW 162 Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami FL **Miami FL**

Zip Country Zip Country

33187 USA **33187 USA**



04012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0844010 Not Applicable

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

6. Name and Address of Current Registered Agent

COOL, MATTHEW S
15332 SW 164 STREET
MIAMI, FL 33187

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 _____ DATE _____

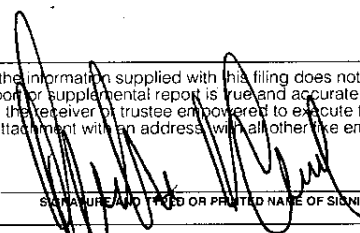
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOL, MATTHEW S	NAME	
STREET ADDRESS	15332 SW 164 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOL, REBECCA L	NAME	
STREET ADDRESS	15332 SW 164 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/04** Daytime Phone #: **305 278-8001**