2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

(3 os) 47/-8448 Daytimo Phone #

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DOCUMENT # P98000088748 1. Entity Name BLUE HEAVEN FARMS, INC.						5	ecrei	ary	of Sta
Principal Place of Business		Mailing Address			1				
9607 N.W. 33 STREET MIAMI, FL 33172		9607 N.W. 33 STREET MIAMI, FL 33172							
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2, Principal Place of Business - No P.O. Box #		· 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apl. #, etc			02262008	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Number 65-0871	458		<u> </u>	oplied For ot Applicable	
Zip	Country	Zıp	Cour	ntry	5. Certificate o	f Status Desired		8.75 Add ee Required	
6, Name and Address of Curren		Registered Agent		1	7 Name and A	ddress of New Re			
o. Hallie and Address of Children Kedistalan Mark				Name	77 774		- g		
ROJAS, HUGO 7810 N.W. 52 STREET MIAMI, FL 33166				Street Address (P.O. Box Number is Not Acceptable)					
19117 (1911, 1 2	30100								
				City			FL	Zip Code	е
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing i	ts register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am lar	ndar with.	and accept
SIGNATURE.	• •								
	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registere	ed Agent sirjesture require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Camp Trust Fund Co		ncing \$5	.00 May Be		·		
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OFFI	CERS AND C	PIRECTORS	S IN 11
HILE	PD	☐ Delete	1111	ŧ.			[Change	Addition
NAME	ROJAS, HUGO		NAN	16					
STREET ADDRESS	9607 N.W. 33 STREET			EET ADDRESS		Honoon	923917		
CITY - ST - ZiP	MIAMI, FL 33172			r-S1-ZIP		APR 14 A 15 A	:32331. :80052-1	18 15	0-00
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CITY-ST-ZIP				r-SI-ZIP					
12 Lbereby	cortify that the information supplied wit	h this filing does not qualify	for the ex	emptions containe	d in Chapter 119.	Florida Statutes.	further certify	that the ir	nformation
indicated of the cor	on this report or supplemental report in this report of supplemental report or trustee emply or on an attachment with an address,	is true and accurate and that powered to execute this repo	t my signs rt as requ	iture shall have the	same lenal effect	as it made under d	nari inari am	i an oiliceir	OF CHESCION

Hugo Ru: 45
SIGNATURE AND TYPED OR PRESED NAME OF SIGNING OFFICE OR DIRECTOR T