## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000026374

1. Entity Name

LA CARRETA FARM CORPORATION



Principal Place of Business

13255 S.W. 72ND TERRACE MIAMI, FL 33183

Mailing Address

13255 S.W. 72ND TERRACE MIAMI, FL 33183

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90333 007 \*\*\*150.00



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04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0913604 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ALONSO, CELESTINO 13255 S.W. 72ND TERRACE MIAMI, FL 33183

## 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									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	l						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALONSO, NELLY 13255 S.W. 72ND TERRACE MIAMI, FL 33183	•							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. Thereby certify that the information supplied with this filling 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									

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: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

305/382-7661 Daysime Phone #