

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Ch 010 FILED  
Apr 21, 2008 08:00 A  
4 - Secretary of State

DOCUMENT # P99000056475

1. Entity Name  
PALMTECH FARM INC.



Principal Place of Business  
19000 SW 192 STREET  
MIAMI, FL 33187

Mailing Address  
19000 SW 192 STREET  
MIAMI, FL 33187



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0929681

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, ESTEBAN  
16451 NW 84 AVE.  
MIAMI, FL 33016

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RODRIGUEZ, ALBERTO G
STREET ADDRESS	30545 SW 193 AVE
CITY-STATE-ZIP	HOMESTEAD, FL 33030
TITLE	VDSD
NAME	RODRIGUEZ, ESTEBAN
STREET ADDRESS	16451 NW 84 AVE.
CITY-STATE-ZIP	MIAMI, FL 33016
TITLE	TD
NAME	RODRIGUEZ, DANIEL
STREET ADDRESS	7560 SW 67 ST
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000910956  
05/07/08-80022-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney, or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-08 305-253-2700

Date

Daytime Phone #