## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P99000073184 SANTA BARBARA FARMING, INC. Principal Place of Business Mailing Address 1515 SW 177 AVE 15515 SW 177 AVE MIAMI, FL 33187-1213 MIAMI, FL 33187-1213 02102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0945988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESQUIJAROSA, PAULO DO NOT WRITE 19780 SW 177 AVE #125 MIAMI, FL 33187 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 U00000355093 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 05/03/05<del>-8</del>0134-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE ESQUIJAROSA, PAULO NAME 19780 SW 177 AVE #125 STREET ADDRESS MIAMI, FL 33187 CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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/s true and accurate and that my signature shall have the same logal effect as if made under cath, that I am an officer or director of the corporation or the repelver 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 Jike empowered.

AAUCO ESCHILIZADA

**FILED**