

2006 FOR PROFIT CORPORATION ANNUAL REPORT


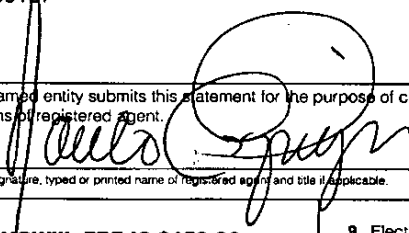
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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90325 041 ***150.00

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04242006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000073184					
1. Entity Name SANTA BARBARA FARMING, INC.					
Principal Place of Business 15515 SW 177 AVE MIAMI, FL 33187-1213			Mailing Address 15515 SW 177 AVE MIAMI, FL 33187-1213		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0945988	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESQUIJAROSA, PAULO 19780 SW 177 AVE #125 MIAMI, FL 33187			Name		
			Street Address (P.O. Box Number is Not Acceptable) 18407 SW 154 St.		
			City Miami FL Zip Code 33187-1271		
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 			PAULO ESQUIJAROSA PRESIDENT		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
DATE 04/24/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESQUIJAROSA, PAULO	NAME			
STREET ADDRESS	19780 SW 177 AVE #125	STREET ADDRESS	18407 SW 154 St.		
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	Miami FL 33187-1271		
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			
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			
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			
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 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 all other like empowered.					
SIGNATURE: 			PAULO ESQUIJAROSA PRESIDENT		
Signature and typed or printed name of signing officer or director			Date 04/24/06 Daytime Phone # (305) 259-4800		