

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090697

Entity Name: ESMERALDA FARMS, INC.

FILED  
Jan 23, 2004  
Secretary of State

**Current Principal Place of Business:**

1800 NW 89TH PLACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 228270  
MIAMI, FL 331228270

**New Mailing Address:**

FEI Number: 65-0965103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IMMER, JOHN G ESQ.  
1101 BRICKELL AVENUE  
SUITE 1400  
MIAMI, FL 33131

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ULLRICH, PETER F  
Address: 444 ARVIDA PKWY.  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: ULLRICH, MARIA  
Address: 444 ARVIDA PARKWAY  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ULLRICH

PTD

01/23/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date