
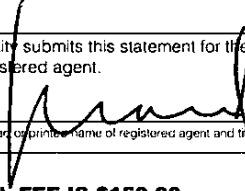
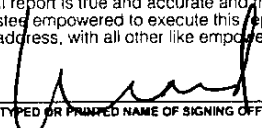


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 034 \*\*\*158.75

<b>DOCUMENT # P99000094097</b> 1. Entity Name <b>F.S. DAIRY PLANT SUBSIDIARY, INC.</b>			
Principal Place of Business <b>5800 N.W. 74 AVENUE MIAMI, FL 33166</b>		Mailing Address <b>5800 N.W. 74 AVENUE MIAMI, FL 33166</b>	
2. Principal Place of Business - No P.O. Box # <b>18001 Old Cutler Road</b>		3. Mailing Address <b>18001 Old Cutler Road</b>	
Suite, Apt. #, etc. <b>Suite 370</b>		Suite, Apt. #, etc. <b>Suite 370</b>	
City & State <b>Palmetto Bay, FL</b>		City & State <b>Palmetto Bay, FL</b>	
Zip <b>33157</b>		Zip <b>33157</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0973227</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, JUAN ESQ. 5800 NW 74TH AVE MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>CORPORATE CREATIONS NETWORK, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11380 PROSPERITY FARMS ROAD #221E</b> City <b>Palm Beach</b> FL Zip Code <b>33410</b>	
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  DATE <b>4/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARED, JOSE P</b> <b>5800 N.W. 74 AVENUE</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bared, Jose P.</b> <b>18001 Old Cutler Road, Suite 370</b> <b>Palmetto Bay, FL 33157</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>4/18/08</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			