2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110353

1. Entity Name O H FARMS, INC.



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

156 NE 3RD STREET BELLE GLADE, FL 33430 Mailing Address

156 NE 3RD STREET BELLE GLADE, FL 33430



DO	NOT	WRITE	IN THIS	SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0481512 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, OSNIEL 156 NE 3RD STREET BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.		A COLUMN TO THE PARTY OF THE PA	44	DATE
	Signature, typed or printed name of registered agent and title	ir applicable (NOTE: Hegistere	d Agent signature required when reinstating)	DAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000904576 05/01/08-80018-011 150.00
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ORESTES L 156 NE 3RD STREET BELLE GLADE, FL 33430			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Caytime Phone #