


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S02886</b> 1. Entity Name CARAMBOLA FARMS, INC.	
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Principal Place of Business 150 WEST FLAGLER ST. SUITE 2200 MIAMI, FL 33130	Mailing Address P.O. BOX 522397 MIAMI, FL 33152-2397 US
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**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0220112	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FREED, OWEN S. 150 WEST FLAGLER STREET 2200 MUSEUM TOWER MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, OWEN S. 150 WEST FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIOCCHI, FRANCO 150 W FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUARDAZZI, REMO 150 W FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIOCCHI, FRANCO JR 150 W FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUARDAZZI, SERGIO 150 W FLAGLER STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURATOLO, MARIA V 150 W FLAGLER STREET MIAMI, FL

100000237713  
02/21/05-80068-020 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 empowerments.

SIGNATURE: *Maria V. Curatolo - ST - Maria Curatolo* 2/17/05 305-592-9264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #