2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05636

RUIZ, EDMUNDO

SANTIAGO, CHILE, CH

EDIF. LOS ANDES, 11 DE SEPTIEMBRE #1860

Name:

Address:

City-St-Zip:

Entity Name: GLOBAL FARMS IMPORTS INC

FILED Feb 04, 2009 Secretary of State

Thirty reality of the five of						
Current Principal Place of Business:				New Principal Place of Business:		
999 VANDI STE 102 NAPLES, F	ERBILT BEAC	CH RD JS				
Current Mailing Address:				New Mailing Address:		
999 VENDERBILT BEACH RD STE 102 NAPLES, FL 34108 US			S	999 VANDERBILT BEACH RD STE 102 NAPLES, FL 34108 US		
FEI Number:	65-0220204	FEI Number Applied For()	FEI Numbe	r Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
AGUIRRE-BECK, ARIBEL 999 VANDERBILT BEACH RD SUITE 102 NAPLES, FL 34108 US						
	named entity of Florida.	submits this statement for the pu	urpose of cl	nanging its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MOLLER, VICT	ANDES, 11 DE SEPTIEMBRE #1860	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VENEZIAN, LC	DES, 11 DE SEPTIEMBRE #1860	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (AGUIRRE-BEC 9970 ROOKEF ESTERO, FL 3	RY CIRCLE	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Tit	le:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ARIBEL A. BECK V.P. 02/04/2009