

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S19948

1. Entity Name
L.A. FARMS, INC.



Principal Place of Business
9437 STATE RD U
BOYNTON BEACH, FL 33437 US

Mailing Address
9437 STATE RD 7
BOYNTON BEACH, FL 33437 US

FILED
04 APR 29 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0233344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOOWAL, LOIS J.
9437 STATE RD 7
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

400035553294
05/06/04--01007--022 **600.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOOWAL, ANDREW H.
STREET ADDRESS	9437 STATE RD 7
CITY - ST - ZIP	BOYNTON BEACH, FL

TITLE	D
NAME	SOOWAL, LOIS J.
STREET ADDRESS	9437 STATE RD 7
CITY - ST - ZIP	BOYNTON BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**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)(i), 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: *Lois Soowal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

Daytime Phone #