

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90038 043 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # S27856 1. Entity Name FICUS FARM, INC.																													
Principal Place of Business 20377 CHARLES GREEN BLVD. LOXAHATCHEE, FL 33470			Mailing Address 15600 SW 288 STREET STE. 305 HOMESTEAD, FL 33033																										
2. Principal Place of Business 1016 Shoma Drive Suite, Apt. #, etc.		3. Mailing Address 15600 SW 288 Street Suite, Apt. #, etc. Suite 305																											
City & State Royal Palm Beach, FL Zip 33414		City & State Homestead, FL Zip 33033-1200		4. FEI Number 65-0243350																									
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent FREDERICK, MICHAEL L CPA 15600 SW 288TH STREET SUITE 305 HOMESTEAD, FL 33033-1200			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD KALANTARI, REZA</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>20377 CHARLES GREEN BLVD.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LOXAHATCHEE, FL 33470</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD KALANTARI, REZA	<input type="checkbox"/> Delete	NAME	20377 CHARLES GREEN BLVD.		STREET ADDRESS	LOXAHATCHEE, FL 33470		CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD Kalantari, REZA</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1016 Shoma Drive</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Royal Palm Beach, FL 33414</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD Kalantari, REZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1016 Shoma Drive		STREET ADDRESS	Royal Palm Beach, FL 33414		CITY - ST - ZIP		
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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: _____ 3/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													