2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28707

FILED Jul 21, 2004 Secretary of State

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Entity Nar	me: CELLUL	AR FARMS POLO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
767 FIFTH 50TH FLO NEW YOR							
Current Mailing Address:				New Mailing Address:			
767 FIFTH 50TH FLO NEW YOR							
FEI Number: 58-1945605 FEI Number Applied For ()			FEI Num	El Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYE STE 105		CORP. SYSTEM, INC. 301 US					
	named entity e of Florida.	submits this statement for the p	purpose of	f changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COB (LINDEMANN (60 BLOSSOM PALM BEACH	WAY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PCO (LINDEMANN, 730 PARK AV NEW YORK, I	ENUE		Title: Name: Address: City-St-Zip:	PCO LINDEMANN 767 FIFTH A NEW YORK	VENUE - 50TH FLOOR	
Title: Name: Address: City-St-Zip:	VPT (LINDEMANN I 60 BLOSSOM PALM BEACH	WAY		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S () Delete		Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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:

SCHIEHLE, MATHILDA

NEW YORK, NY 10021

150 EAST 61TH STREET 11F

SIGNATURE: MATHILDA E. SCHIEHLE S 07/21/2004

SCHIEHLE, MATHILDA

NEW YORK, NY 10021

150 EAST 16TH STREET 11F

Name:

Address:

City-St-Zip: