


**2008 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S55001</b> 1. Entity Name PRIMO FARMS, INC.	
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Principal Place of Business 174 STREET AND 167 AVE MIAMI, FL 33265	Mailing Address P.O. BOX 651103 MIAMI, FL 33265
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<b>DO NOT WRITE IN THIS SPACE</b>
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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3068117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CARLOS A. LOPEZ, JR., P.A. 2400 S DIXIE HWY SUITE 105 MIAMI, FL 33133
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	DATE 000000793146 01/24/08-80037-014 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYORAL-PARRACIA, RAFAEL 13753 SW 36 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYORAL-PARRACIA, JUAQUIN 13753 SW 36 STREET MIAMI, FL 33175
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **RAFAEL MAYORAL-PARRACIA P.** 1-22-08 3058036546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #