FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am Secretary of State

DOCUMENT # Y04737 1. Entity Name Benjamin Farms Company					Secretary of State 04-02-2002 90146 049 ***158.75	
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2. Principal Place of Business 4/150-//LAND SIND 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address 4/150-//LAND SIND Suite, Apt. #, etc.			Tare Ste	DO NOT WRITE IN THIS SPACE		THIS SPACE
City & State		City & State Vero Beach	Fla.		El Number 59 - 3/3/668	Applied For Not Applicable
3296	_Country USA	Zip 32968	Country		Certificate of Status Desired	\$8.75 Additional Fee Required
72-16	7	42.20	Name	7. Na	me and Address of Current Reg	Istered Agent
DO NOT WRITE IN THIS SPACE				lexa ress (P.O. Br	ox Number is Net Acceptable)	FL Zip Code
	named entity submits this statement for		Vero	Des	chto,	FL 32428
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or primes and trenistered agent and two popular block in the properties of the primes agent signature requirement and agent signature requirement agent agent signature requirement agent signatur				0	nstating) 10. Election Campaign Financia Trust Fund Contribution.	DATE S 5.00 May Be Added to Fees
<u>, *1.</u>	OFFICERS AND D	<u> </u>	e to Department o	otate		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Koster Charlot, 4150-11th Places Vero Beach, Flo	a la	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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13. 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 11 or on an attachment with an address, with all others the empowered.

SIGNATURE:

CIGNING OFFICER OR DIRECTOR

7/20/02 56-473-1758