2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 08:00 AN Secretary of State

1. Entity Nam	MENT # V14884 MEADOWS FARMS, INC.				Secretary of State			
Principal Place of Business 3800 NW 100 AVE. HOLLYWOOD, FL 33024 US		Mailing Address 3800 NW 100 AVE. HOLLYWOOD, FL 33024 US		(100 mm) mm)	FOL TIDIN DINIDI TERDI IBIN ANGE	Pibri 183012 BIBY 91071 di	(WJ) WS#11MW/ 12 2WWF	
	OO NOT WRITE	IN THIS SPAC	E	01242006 4. FEI Numl 65-03	ber	CR2E034 (11	Applied For Not Applicable	
	,			5. Certificat	e of Status Desired	□ \$8.75 Fee Re	5 Additional aquired	
3800 NW HOLLYWO	6. Name and Address of Current Re ICK, JANET A 100TH AVE DOD, FL 33024		d office or re	IN '	NOT W	ACE	with, and accept	
	tions of registered agent. Signature, typed or printed name of registered agent and			required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	RECTORS	2017 24 April 14 1 1/4 4 10	Secretary and the second	And the second s	The Colombia of the Colombia	÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLLOWICK, JANET A 3800 NW 100 AVE. HOLLYWOOD, FL 33024			- American management of the state	- Uorobot?		The state of the s	
TITLE NAME STREET ADDRESS					03.414/06-	ចិតិច ទ ើលខ	150.00	
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NAME STREET ADDRESS CITY-ST-ZIP				از يتاه عادات أس	THIS SP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling 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: \(\sigma \)

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-06 (254)445-2646