2006 FOR PROFIT CORPORATION ANNUAL REPORT

KOGFLO

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P03000019701** 04-19-2006 90086 037 ***150.00 ROGER'S GARDEN, INC. Principal Place of Business Mailing Address 400003400 733 ASPEN RD. 733 ASPEN RD WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 US 3. Mailing Address 17493 43rd Road North 2. Principal Place of Business 17493. 43rd Road Nort 04122006 Chg-P CR2E034 (11/05) City & State Loxahatchee Applied For 4. FEI Number Loxahatchee 56-2327092 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kogelio Kamire2 RAMIREZ, ROGELIO Street Address (P.O. Box Number is Not Acceptable 733 ASPEN RD. WEST PALM BEACH, FL 33409 OXahatchee 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition Ramirez, Rogelio 17493 43 rd Road North RAMIREZ, ROGELIO NAME NAME 733 ASPEN RD. STREET ADDRESS STREET ADDRESS Loxahatchee Fl CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP Sec Delete TITLE TITLE ☑ Change ☐ Addition Ramirez Maria I 17493 43rd Road Worth RAMIREZ, MARIA I NAME NAME STREET ADDRESS 733 ASPEN RD. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP Loxahatchee FL TITLE ☐ Delete TITLE - Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED