

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 576145

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA FOLIAGE GROWERS, INC.

Current Principal Place of Business:

20600 GRIFFIN ROAD
P.O. BOX 290173
DAVIE, FL 333297173

New Principal Place of Business:

20600 GRIFFIN ROAD
SOUTHWEST RANCHES, FL 33332

Current Mailing Address:

20600 GRIFFIN ROAD
P.O. BOX 290173
DAVIE, FL 333297173

New Mailing Address:

P.O. BOX 290173
DAVIE, FL 333297173

FEI Number: 59-1872381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRAHL, JOHN T.
3251 PONCE DE LEON BLVD.
SUITE 150
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMMAS, THOMAS,
Address: 1480 GARDEN ROAD
City-St-Zip: FORT LAUDERDALE, FL

Title: SD () Delete
Name: ZAMMAS, JEAN,
Address: 1480 GARDEN ROAD
City-St-Zip: FORT LAUDERDALE, FL

Title: VPD () Delete
Name: ZAMMAS, GEORGE,
Address: 1480 GARDEN RD
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: THOMAS ZAMMAS

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date