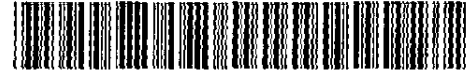


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State



| | | | | | | | |
|---|--|--|--|--|--|--|--|
| DOCUMENT # 197323 1. Entity Name MIAMI SOD COMPANY | | | | <table border="1"> <tr> <td>Principal Place of Business 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559</td> <td>Mailing Address 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559</td> </tr> </table> | | Principal Place of Business 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559 | Mailing Address 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559 |
| Principal Place of Business 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559 | Mailing Address 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559 | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | 4. FEI Number 59-0763110 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NICHOLS, WENDELL I. 7791 N.W. 146TH STREET MIAMI LAKES FL 33016-1559 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | U00000421031 | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | AIKEN, LEILA F | | NAME | 02/16/06-80017-014 150.00 | | | |
| STREET ADDRESS | 7791 N.W. 146TH STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016-1559 | | CITY-ST-ZIP | | | | |
| TITLE | PST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | NICHOLS, WENDELL I | | NAME | | | | |
| STREET ADDRESS | 7791 N.W. 146TH STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016-1559 | | CITY-ST-ZIP | | | | |
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| 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 Section 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 _____ DATE **1/26/2006**