# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 16, 2007 8:00 am**
**Secretary of State**
05-16-2007 90022 023 ***158.75

DOCUMENT # 385588

1. Entity Name
HOLLANDIA PLANTS INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 10400 HERITAGE FARM RD.<br>LAKE WORTHACH FL 33467<br>US | P.O. BOX 1137<br>BOYNTON BEACH FL 33425<br>US |

1st MOORE CR2E034 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1382883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DANESHMAYEH ABBASS S.<br>10893 GLENEAGLES RD.<br>BOYNTON BCH. FLA. FL 33436 | Name S. MOHSEN DANESHMAYEH<br>Street Address (P.O. Box Number is Not Acceptable)<br>10893 GLEN EAGLES Rd<br>City BOYNTON BCH FL Zip Code 33436 |

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 _____ S. MOHSEN DANESHMAYEH 4-29-07
Specify type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DANESHMAYEH, S. MOHSEN<br>10893 GLENEAGLES RD<br>BOYNTON BEACH FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>DANESHMAYEH, S. MOHSEN<br>10893 GLENEAGLES RD<br>BOYNTON BEACH FL 33436 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DANESHMAYEH, S. A<br>10893 GLENEAGLES RD.<br>BOYNTON BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

please send us a certificate of status after the new changes are made for this years filing. Thank you.

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:** _____ S. MOHSEN DANESHMAYEH 4-29-07 561-966-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #