

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90009 037 ***550.00

DOCUMENT # 488651 1. Entity Name PLANTS BY TROPICO, INC.					
Principal Place of Business 21200 SW 177 AVE. MIAMI FL 33187			Mailing Address 21200 SW 177 AVE. MIAMI FL 33187		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPILLERS, BILL 18355 S.W. 214 STREET MIAMI FL 33187			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, 2004 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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SPILLERS, BILL J.		NAME		
STREET ADDRESS	18355 S.W. 214 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SPILLERS, REBECCA		NAME		
STREET ADDRESS	18355 S.W. 214 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SPILLERS, REBECCA		NAME		
STREET ADDRESS	18355 S.W. 214 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SPILLERS, BILL J		NAME		
STREET ADDRESS	18355 SW 214 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 exemption stated in Section 119.07(3)(i), 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: <i>Rebecca Spillers</i>			<i>Rebecca Spillers</i> Date: 5-1-04 Daytime Phone #: 305233 3482		

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MOORE CR2E034 (11/03)