2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# 488651

Entity Name: PLANTS BY TROPICO, INC.

Current Principal Place of Business:

21200 SW 177 AVE.
MIAMI, FL 33187

New Principal Place of Business:

18702 SW 168 STREET
MIAMI, FL 33187 US

Current Mailing Address:

21200 SW 177 AVE.
MIAMI, FL 33187

New Mailing Address:

18702 SW 168 STREET
MIAMI, FL 33187 US

FEI Number: 59-1636115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPILLERS, BILL
18355 S.W. 214 STREET
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

SPILLERS, BILL J
18355 S.W. 214 STREET
MIAMI, FL 33187 US

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: BILL J SPILLERS 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPILLERS,BILL J.,
Address: 18355 S.W. 214 STREET
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: SPILLERS,REBECCA,
Address: 18355 S.W. 214 STREET
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: SPILLERS,REBECCA,
Address: 18355 S.W. 214 STREET
City-St-Zip: MIAMI, FL

Title: P (X) Delete
Name: SPILLERS, BILL J,
Address: 18355 SW 214 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SPILLERS, BILL J
Address: 18355 S.W. 214 STREET
City-St-Zip: MIAMI, FL 33187 US

Title: DS (X) Change ( ) Addition
Name: SPILLERS, REBECCA
Address: 18355 S.W. 214 STREET
City-St-Zip: MIAMI, FL 33187 US

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: BILL J. SPILLERS PRES 05/01/2008
Electronic Signature of Signing Officer or Director Date