


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90013 011 \*\*\*150.00

<b>DOCUMENT # 553535</b>			
1. Entity Name FLORIDA TROPICAL PLANTS, INC.			
Principal Place of Business % KENNETH M. LANCASTER 50 W. MASHTA DR., SUITE 6 KEY BISCAIYNE, FL 33149		Mailing Address % KENNETH M. LANCASTER 50 W. MASHTA DR., SUITE 6 KEY BISCAIYNE, FL 33149	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1772385		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 LANCASTER, KENNETH M 50 W. MASHTA DRIVE, SUITE 6 KEY BISCAIYNE, FL 33149		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DE VALLOIS, MICHEL <input type="checkbox"/> Delete 11300 S.W. 125 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS OUTRIE, GERMAINE <input type="checkbox"/> Delete RESIDENCE APOLLO, 30 AVE. MARECHAL KOENIG CANNES, FR 06400	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUTRIE, GERMAINE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 and that I am an individual who is an address, with all other the information.			
SIGNATURE: <u>GERMAINE DUTRIE, PRESIDENT</u>		1/10/05	