### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # F56691

1. Entity Name TROPICAL TREES OF DAVIE, INC.

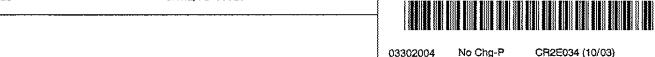


FILED Apr 21, 2004 08:00 AM Secretary of State

Principal Place of Business

% STEPHEN SIMS 4721 SW 78 AVE DAVIE, FL 33328 Mailing Address

% STEPHEN SIMS 4721 SW 78 AVE DAVIE, FL 33328



### DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2145330 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, STEPHEN 4721 SW 78 AVE DAVIE, FL 33328

# DO NOT WRITE IN THIS SPACE

DAVIE, FL 33328		IN	IN THIS SPACE	
the obligat	tions of registered agent.	purpose of changing its registered office or registered agent, or b	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registere		is applicable. (NOTE, Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing  \$5.00 May Be  Trust Fund Contribution.  Added to Fees	######################################	
10. OFFICERS AND DIRECTORS		CTORS		
TITLE	D			
NAME	SIMS, BARBARA			
CTCCCT 4 CCCCCC	ACCA ABALOO ALIE	<b>_</b>		

#### STREET ADDRESS 1681 NW 99 AVE CITY-ST-ZIP PLANTATION, FL 33322 DΡ TITLE SIMS, STEPHEN NAME STREET ADDRESS 1681 NW 99 AVE CITY-ST-ZIP PLANTATION, FL 33322 TITLE NAME STREET ADDRESS CITY - ST - Z3P TITLE NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY -ST-ZIP

# DO NOT WRITE IN THIS SPACE

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 trusteer 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:

STEPPEN C. JUNE

Hadon 954 434 601-