

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57600

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: FARM LIFE TROPICAL FOLIAGE OF HOMESTEAD, INC.

**Current Principal Place of Business:**

17220 SW 232 STREET  
MIAMI, FL 33170 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 924109  
HOMESTEAD, FL 33092

**New Mailing Address:**

FEI Number: 59-2538859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYDEN, WILLIAM P.  
18460 S.W. 295TH TERRACE  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MUNZ, CHARLES P.,  
Address: 23600 SW 162ND AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title: PM ( ) Delete  
Name: LYDEN, WILLIAM P.,  
Address: 18460 S.W. 295TH TERRACE  
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete  
Name: LYDEN, JASON W.,  
Address: 1380 SO. AUDUBON  
City-St-Zip: HOMESTEAD, FL 33035

Title: MGR ( ) Delete  
Name: MOORE, KYLE L.,  
Address: 18557 SW 93 PLACE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KYLE MOORE

MGR

03/28/2009

Electronic Signature of Signing Officer or Director

Date