2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2010
Secretary of State

DOCUMENT# H57600

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KYLE L MOORE MGR 02/12/2010

Electronic Signature of Signing Officer or Director Date