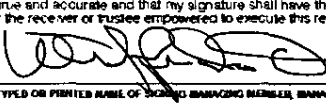


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -2 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028795			
1. Entity Name DFLOWER FARMS, LLC			
Principal Place of Business 2456 NW 94 AVE MIAMI, FL 33172 US		Mailing Address 12752 SW 91 ST MIAMI, FL 33186 US	
2. Principal Place of Business 12752 SW 91 ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 835431 Suite, Apt. #, etc.	
City & State Miami FL		City & State MIAMI FL	
Zip 33186	Country	Zip 33183	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAZ, WILFREDO R 12752 SW 91ST MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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	
FILE NOW!!! FEE IS \$80.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME DIAZ, WILFREDO R STREET ADDRESS 12752 SW 91 ST CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition 70001791691 05/02/03--01112--024 **
TITLE MGRM NAME DIAZ, WILMA STREET ADDRESS 12752 SW 91 ST CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CREATED 4/10/03

00.00

BK