## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2004 08:00 AM Secretary of State **DOCUMENT # M39256** 1. Entity Name PLANTS OF EDEN, INC. Mailing Address Principal Place of Business 18800 SW 240 ST 18800 SW 240 ST HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2723698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LUE, JOSEPH E. DO NOT WRITE 18800 S.W. 240TH STREET HOMESTEAD, FL 33031 IN THIS SPACE 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 Signature, typed or printed seme of registered agent and title if applicable. (NOTE: Secretared Acrest singstress required when constatute) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U00000115756 04/16/04-80037-008 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. RHF LUE, JOSEPH E. NAME STREET ADDRESS 1780 NW 17TH ST CITY-57-ZIP HOMESTEAD, FL 33030 TITE NAME LEE, DEBRA A. STREET ADDRESS 1760 NW 17TH ST CITY-ST-ZP HOMESTEAD, FL 33030 TITLE VD MARTIN, JOHN S NAME STREET ADDRESS 2261 NW 161 ST TER DO NOT WRITE CITY-ST-ZIP PEMBROKE PINES, FL 33028 IN THIS SPACE TERRE NAME STREET ADDRESS CITY-ST-ZIP אודוד NAME STREET ADDRESS OTY-51-ZP

12. I hereby certify that the information supplied with this filling 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 trustee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/13/04

305 248-2794

Daytime Phone #

FILED