2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# N05000003356

Entity Name: PLANT & TREE CLINICS, INC.

Current Principal Place of Business:

7004 SW 40 STREET
MIAMI, FL 33155

New Principal Place of Business:

12800 SW 20 TERRACE
MIAMI, FL 33175

Current Mailing Address:

7004 SW 40 STREET
MIAMI, FL 33155

New Mailing Address:

12800 SW 20 TERRACE
MIAMI, FL 33175

FEI Number: 20-2701738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, BERTILA
7004 SW 40 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

RAMOS, BERTILA
12800 SW 20 TERRACE
MIAMI, FL 33175 US

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: _____ 03/01/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAMOS, BERTILA
Address: 7004 SW 40 STREET
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: BARRERA, TANIA
Address: 13552 SW 62 STREET
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete
Name: GARMILLA, SAMUEL
Address: 12401 W. OCKECHOBEE ROAD APT. 100
City-St-Zip: MIAMI, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, BERTILA
Address: 12800 SW 20 TERRACE
City-St-Zip: MIAMI, FL 33175

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

Title: TD (X) Change ( ) Addition
Name: OSMARA, RODRIGUEZ T
Address: 1355 W 44 PLACE APT 224
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTILA RAMOS PD 03/01/2006
Electronic Signature of Signing Officer or Director — Date