


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90101 027 ***150.00

DOCUMENT # P0000032486

1. Entity Name
VICTORIA'S PLANT DESIGNS, INC.



Principal Place of Business
**8880 S.W. 160TH STREET
 MIAMI, FL 33157**

Mailing Address
**8880 S.W. 160TH STREET
 MIAMI, FL 33157**

2. Principal Place of Business
10620 SW 184 Terr

3. Mailing Address
PO Box 144585

Suite, Apt. #, etc.
miami, FL

Suite, Apt. #, etc.
Coral Gables, FL

City & State
miami, FL

City & State
Coral Gables, FL

Zip
33157

Country
USA

Zip
33144-4585

Country
USA



01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MENDIZABAL, VICTORIA
 8610 S.W. 45TH ST.
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name
same

Street Address (P.O. Box Number is Not Acceptable)
8880 SW 160 Street

City
miami

FL Zip Code
33157

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MENDIZABAL, VICTORIA 8880 SW 160 STREET MIAMI, FL 33157 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 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: *Victoria Mendizabal* **3/29/04 305-969-2950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #