2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014223

Entity Name: ROYAL GARDEN SUPPLIES, INC.

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	NAW Principal Place of Kilsiness:

479 N.W. 27TH AVE. 479 N.W. 27TH AVE. MIAMI, FL 33135 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

479 N.W. 27TH AVE. 479 N.W. 27TH AVE. MIAMI, FL 33135 MIAMI, FL 33125

FEI Number: 65-1075654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAUDRON, OLIVIER 291 S.W. 27TH AVENUE 2ND FLOOR MIAMI, FL 33135 US CAUDRON, OLIVIER 479 N.W. 27TH AVENUE MIAMI, FL 33125 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: 01/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: CAUDRON, OLIVIER
Address: 16 WEST DILIDO DRIVE
City St 7 in: MAMUREACH EL 22125

City-St-Zip: MIAMI BEACH, FL 33135 City-St-Zip: MIAMI BEACH, FL 33139

Title: VT () Delete Title: VT (X) Change () Addition

Name:REMEDIOS-CAUDRON, MARLENName:REMEDIOS-CAUDRON, MARLENAddress:16 WEST DILIDO DRIVEAddress:16 WEST DILIDO DRIVECity-St-Zip:MIAMI BEACH, FL 33135City-St-Zip:MIAMI BEACH, FL 33139

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BROWN, JOÀNN
 Name:
 BROWN, JOÀNN

 Address:
 1633 GREEN AVE
 Address:
 1633 GREER AVE

 City-St-Zip:
 HOMESTEAD, FL 33035
 City-St-Zip:
 HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OLIVIER CAUDRON PD 01/07/2005