

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000014870

Entity Name: TREES, TREES, TREES, INC.

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

1620 NW 118 TERR
PEMBROKE PINES, FL 33026

New Principal Place of Business:

4790 TROPICANA AVENUE
COOPER CITY, FL 33330

Current Mailing Address:

1620 NW 118 TERR
PEMBROKE PINES, FL 33026

New Mailing Address:

4790 TROPICANA AVENUE
COOPER CITY, FL 33330

FEI Number: 04-3598824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARVIS, JAMES W
1500 SAN REMO AVE, SUITE 145
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEAZ, YVANNE
Address: 1620 NW 118T TERR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: CFOT () Delete
Name: DIAZ, ADOLL
Address: 1620 NW 118TH TERR
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, YVONNE
Address: 4790 TROPICANA AVE
City-St-Zip: COOPER CITY, FL 33330

Title: CFOT (X) Change () Addition
Name: DIAZ, ADOLFO
Address: 4790 TROPICANA AVENUE
City-St-Zip: COOPER CITY, FL 33330

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: ADOLFO DIAZ

CFO

10/19/2004

Electronic Signature of Signing Officer or Director

Date