2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015151 FILED Jul 22, 2008 08:00 AM Secretary of State MEX GREENHOUSES, INC. Principal Place of Business Mailing Address 4548 NANCY DR LOT 773 4548 NANCY DR LOT 773 LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 No Chg-P CR2E034 (11/05) 07092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1100310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIMENEZ, LAIR D DO NOT WRITE **4548 NANCY DR LOT 773** LAKE WORTH, FL 33463 IN THIS SPACE The same of the control of the contr 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE JIMENEZ, LAIR D NAME STREET ADDRESS 4548 NANCY DR LOT 773 LAKE WORTH, FL. 33463 CITY-ST-ZIP TITLE U000009\$5769 GONZALES-OROZCO, EDITH Y NAME -07/22/08-80006-002°150.00-**4548 NANCY DR LOT 773** STREET ADDRESS LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE NAME DO NOT WRIT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF BIGNING OFFICER OR DIRECTOR