

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000039974

1. Entity Name  
BIO PLANTS & TREE CO.



Principal Place of Business  
6650 S.W 189 WAY  
FT LAUDERDALE, FL 33332

Mailing Address  
6650 S.W 189 WAY  
FT LAUDERDALE, FL 33332

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90049 036 \*\*\*150.00



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0036314

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ARISTIZABAL, JOSE F  
6650 S.W 189 WAY  
FT LAUDERDALE, FL 33332

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) 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

TITLE	D
NAME	ARISTIZABAL, JOSE F
STREET ADDRESS	6650 S.W 189 WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33332
TITLE	D <i>Urrea</i>
NAME	URTEA, LILIANA
STREET ADDRESS	6650 SW 189 WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Liliana Urrea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/04  
Date

951-2528220  
Daytime Phone #