

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111565

Entity Name: RAINFOREST NURSERY, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

15425 S.W. 268TH STREET
MIAMI, FL 33032

New Principal Place of Business:

Current Mailing Address:

15425 S.W. 268TH STREET
MIAMI, FL 33032

New Mailing Address:

FEI Number: 65-1154808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDESMA, BARTOLA
15425 S.W. 268TH STREET
MIAMI, FL 33032 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEDESMA, BARTOLA
Address: 15425 S.W. 268TH STREET
City-St-Zip: MIAMI, FL 33032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEDESMA, BARTOLA
Address: 15425 S.W. 268TH STREET
City-St-Zip: MIAMI, FL 33032

Title: VP () Change (X) Addition
Name: LABARCA, ODALYS
Address: 15425 S.W. 268TH STREET
City-St-Zip: MIAMI, FL 33032

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: BARTOLA LEDESMA

PSD

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date