## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2004 08:00 AM DOCUMENT # P01000118894 **Secretary of State** 1. Entity Name O.D. CANE & PLANTS, INC. Principal Place of Business Mailing Address 15530 SW 80TH ST 15530 SW 80TH ST C-205 C-205 MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) -City & State City & State Applied For 4. FEI Number 80-0024172 Not Applicable Ζω Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JIMENEZ, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 15530 SW 80 ST. C-205 MIAMI FL 33193 Zip Code 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE, Redistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete TITLE ☐ Addition GIL. RODOLFO NAME NASSE 15530 SW 80 STREET, SUITE C-205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-7IP TITLE Delete TEFLE ☐ Change ☐ Addition GIL, FERNANDO J NAME U00000075218 STREET ADDRESS 15530 SW 80 STREET, SUITE C-205 STREET ADDRESS 03/03/04-80049-016 150.00 CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee emackaged by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

other like empowered.

of the corporation or the receiver or trustee empo

Rodolfo Gil 02/27/04 (305)
Date Date Date Days

**FILED**