## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118894

SIGNATURE:

## FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90359 025 \*\*\*150.00

1. Entity Name O.D. CAN	e E & PLANTS, INC.			
Principal Place 15530 SW 80 C-205 MIAMI, FL 33	TS HTC	Mailing Address 15530 SW 80TH ST C-205 MIAMI, FL 33193		JOBUTANA
2. Principal Place of Business 142 tere 3. Mailing Address 132 18 SW 142 tere 13218 SW 142 tere				
Suite, Apt.		Suite, Apt. #, etc.		02082006 Chg-P CR2E034 (11/05)
City & State	ni, Fl.	City & State  MIAMI, F1.	8	4. FEI Number Applied For 80-0024172 Not Applicabl
<sup>Zip</sup> 33	Country Country	3318L	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Odof Time Z  Street Address (F. & Box Number is Not Acceptable)  FOR MIAMI, FL 33193				
City Minmi FL 2939186				
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, typed or purpled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PSD GIL, RODOLFO 15530 SW 80 STREET, SUITE C MIAMI, FL 33193	□ Delete -205		25B Podolfo Gil 13218 SW142 tell WINMI, FL-33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIL, FERNANDO J 15530 SW 80 STREET, SUITE C MIAMI, FL 33193	□ Delete -205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
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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 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.				