



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000122000 1. Entity Name SUNSPASH FOLIAGE, INC.		
Principal Place of Business 17425 SW 272ND STREET HOMESTEAD, FL 33031		Mailing Address 17425 SW 272ND STREET HOMESTEAD, FL 33031
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent STEVEN SILVERMAN, P.A. 9500 SOUTH DADELAND BLVD STE 550 MIAMI, FL 33156		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	DPV	
NAME	CAMPBELL, PATRICK	
STREET ADDRESS	17425 SW 272ND STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	DST	
NAME	YOUNG, PANSY C	
STREET ADDRESS	17425 SW 272ND STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE		
NAME		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-25-05 <small>Date</small> 305-246-0753 <small>Daytime Phone #</small>



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0019200

Applied For
Not Applicable

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

U000000336366
04/27/05-80123-010 158.75