

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

04-30-2008 90175 022 ***150.00

DOCUMENT # P01000122000 1. Entity Name SUNSPASH FOLIAGE, INC.	
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Principal Place of Business 17425 SW 272ND STREET HOMESTEAD, FL 33031	Mailing Address 17425 SW 272ND STREET HOMESTEAD, FL 33031
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66012644



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

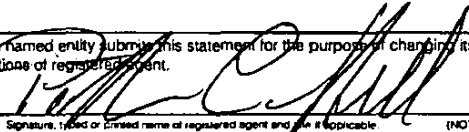
4. FEI Number 30-0019200	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. 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



Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4-28-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

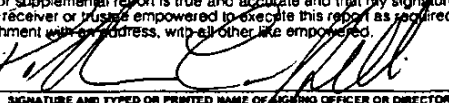
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS - - - - -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV CAMPBELL, PATRICK 17425 SW 272ND STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNG, PANSY C 17425 SW 272ND STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

5-22-08 305-246-0753

Date

Dynamic Phone #