2004 FOR PROFIT CORPORATION

Mar 08, 2004 8:00 am **Secretary of State ANNUAL REPORT** 03-08-2004 90027 050 ***150.00 DOCUMENT # P02000007575 ROMANELLO TROPICAL NURSERY, INC. Principal Place of Business Mailing Address 94025901 1115 LEMONWOOD STREET 1115 LEMONWOOD STREET HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 2. Principal Place of Business 3. Mailing Address 20710 SWEATH PLACE 20710 SW SATH PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02122004 Chg-P City & State City & State Applied For 4. FEI Number SOUTHWEST KANCHES FI SOUTHWEST KANCHES 01-0588330 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA П 33*33*37 . 33332 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, MARK C.P.A. Street Address (P.O. Box Number is Not Acceptable) 1772 EAST TRAFALGAR CIRCLE HOLLYWOOD, FL 33020 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change ☐ Addition TIΠE ROMANELLO, FRANK 20710 SW 54THPL. ROMANDO, FRANK NAME NAME STREET ADDRESS 1115 LEMONWOOD STREET STREET ADDRESS SOUTHWEST RANCHES, F1. 33332 CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition ROMANELLO, KIMBERLY 20710 SW 54TH PLACE ROMARELLO, KIMBERLY NAME NAME 1115 LEMONWOOD STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33019 SOUTHWEST RANCHES, A. 33332. CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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 attagrified that my name appears in Block 10 or Block 11 if changed.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED

Attachment Drs. 7 /102000007575-



ROMANELLO TROPICAL NURSERY, INC. 20710 SW 54TH PLACE SOUTHWEST RANCHES, FLORIDA 33332 (954) 680-8686 PHONE * (954) 680-8687 FAX* (954) 931-7802 MOBILE*

February 27, 2004

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Changes on Annual Report

To Whom It May Concern:

Please accept this letter as authorization to make the necessary changes on my 2004 Annual Report. Please note under Block 10 the officers have NOT changed, however, the spellings of both names are incorrect. In addition, the address has changed as of September 2003. In blocks 2 & 3 I've listed the change for the Principal Place of Business as well as the Mailing Address. If you have any questions regarding this matter you can contact me at any of the numbers listed above. Thank you for your immediate attention to this matter.

Singerely/

Kimberly S. Romanello

Vice President

Romanello Tropical Nursery, Inc.

Attachments