2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P02000043785** 1. Entity Name 04-30-2004 90269 013 ***158.75 V & C SUPPLY ORNAMENTAL CORP Principal Place of Business Mailing Address 3718 NW 50TH ST 3718 NW 50TH ST 34076400 HIALEAH, FL 33142 HIALEAH, FL 33142 02292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For FEI Number 33-1001192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRUZ, MARIA V 12.672 NW 8TH TERR MIAMI, FL 33182 IN THIS SPACE 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. प्रमु Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. CRUZ, MARIA V NAME 3718 NW 50TH ST STREET ADDRESS HIALEAH, FL 33142 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

> FICER OR DIRECTOR SIGNATURE AND