2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2008 8:00 am **Secretary of State** 01-31-2008 90016 043 ***150.00 DOCUMENT # P02000062402 1. Entity Name BOTANICA & PET SHOP LUCUMI, INC. Principal Place of Business Mailing Address 13675 SW 26 STREET 13675 SW 26 STREET MIAMI, FL 33175 MIAMI, FL 33175 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0675128 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, ELIO DO NOT WRITE 13675 S.W. 26 ST. MIAMI, FL 33175 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) QATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITI F MARTINEZ, ELIO NAME STREET ADDRESS 13675 SW 26 STREET CITY-ST-ZIP MIAMI, FL 33175 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1- 56-08

FILED

Davime Phone #