FILED
May 05, 2003 8:00 am
Secretary of State
03-27-2003 90068 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074386

1. Entity Name
EXOTIC PLANTS & ORCHIDS INC.

Principal Place of Business	Mailing Address
5108 S W 139 PL MIAMI FL 33175	5108 S W 139 PL MIAMI FL 33175

2. Principal Place of Business	3. Mailing Address
5108 SW 139 PL	5108 SW 139 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33175	City & State: Miami, FL 33175
Zip: 33175 Country: Miami	Zip: 33175 Country: Miami

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3712186 ~~23-08-543273-76-9~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~DEL PILAR VELEZ, CONSTANZA~~
5108 S W 139 PL
MIAMI FL 33175

7. Name and Address of New Registered Agent
Name: ~~DEL PILAR VELEZ, CONSTANZA~~
Street Address (P.O. Box Number is Not Acceptable): 5108 SW 139 PL
City: MIAMI FL Zip Code: 33175

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: DEL PILAR VELEZ CONSTANZA — 01/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, FABIOLA P 5108 S W 139 PL MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PILAR VELEZ, CONSTANZA 5108 S W 139 PL MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED DEL PILAR VELEZ CONSTANZA — 01/13/03 — (305) 485 3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Constanza