FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90217 016 ***158.75

DOCUMENT # PO20000	082000			04-24-2003 90213 	7 016 ***158.75	
DOCUMENT # P0200082000 1. Entity Name EarthOrganics: Trading Co. Inc.						
DO NOT WRITE IN THIS SPACE				90104385		
2. Principal Place of Business 11358 S.W. 167 Street						
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
Miams FL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			4. FEI Number 03-0475913	Applied For Not Applicable	
33157 Country	Zip	Country	'		\$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent Name Jerry Delince					
DO NOT W	Street Address		(P.O. Box Number is Not Acceptable)			
IN THIS SPACE			w. 142 Are Suite 1124	+		
	j	City M	lian	ri FL	Zin Code 33186	
8. The above named entity submits this statement for the chiligations of registered agent.	or the purpose of changing its i	registered office or	r registere	ed agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE Signature, I point or project name of registered agent	and tille if applicable. (NOTE)	: Registered Agent signat	ure required		<u>23</u>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department o 10. OFFICERS AND						
MARE Jerry Delince	- /-			,	(12/02)	
STREET ADDRESS 8952 S.W. 142nd CITY-ST-ZIP Miami FL 33	STREET ADDRESS CITY-ST-ZIP	,	*. *	E034R		
TIME Director		TITLE		 		
STREET ADDRESS 11358 S.W 167 Street CITY-ST-ZIP Miami FL 33157		STREET ADDRESS CITY-ST-ZIP	<u> </u>	•		
DITLE		TITLE NAME		and the second second second		
NAME STREET ADDRESS CITY-STUP		STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE	
(LE		TITLE *		IN THIS SPACE	E	
NAME STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS				
TITLE		TITLE				
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			-	
TITLE		TITLE	• .			
NAME STREET ADDRESS	STREET ADDRESS					
12. Thereby certify that the information supplied with indicated on this record or supplemental report.	s true and accurate and that m	v sionature shall h	ave the s	ame legal effect as if made under nath: that I a	m an officer or director 1	
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 on an attachment with an address, with all other like empowered.						
SIGNATURE: Petagay Letver 4 21 03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR Date Date Date Date Date Date Date Date						