FILED 2007 FOR PROFIT CORPORATION Jan 19, 2007 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P02000086689 MARÍO'S NURSERY, INC. Principal Place of Business Mailing Address 22105 SW 189 AVE 18751 SW 308 STREET MIAMI, FL 33170 HOMESTEAD, FL 33170 No Chg-P 01152007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 43-1973161 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOMAS, MARIO DO NOT WRITE 18751 SW 308 STREET HOMESTEAD, FL 33030 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.

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

PST TITLE TOMAS, MARIO NAME 18751 SW 308 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10.

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of 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 ag address, with all other like empowered.

(NOTE: Registered Agent signature required when reinstating)

NAME STREET ADDRESS CITY-ST-ZIP