


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P02000123049 1. Entity Name PLANTS DEPOT NURSERY INC. |  |
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| Principal Place of Business 12190 SW 46 STREET B MIAMI, FL 33175 | Mailing Address 13218 NW 4TH TERRACE MIAMI, FL 33182 |
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DO NOT WRITE IN THIS SPACE



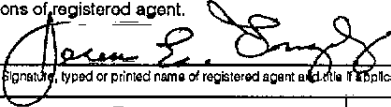
02242005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 51-0435385 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GONZALEZ, JESUS E 13218 NW 4TH TERRACE MIAMI, FL 33182 |
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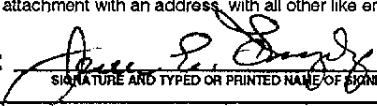
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. | |
| SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE: 3-5-05 <small>(NOTE: Registered Agent signature required when reinstalling)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000255597 03/08/05-60021-013 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GONZALEZ, JESUS E 12190 SW 46 STREET B MIAMI, FL 33175 |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE: 3-5-05 DAYTIME PHONE: 305-554-4621 |