


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90233 003 ***150.00

DOCUMENT # P03000032345		
1. Entity Name LAS DELICIAS Y&E FRUITERIA & NURSERY, INC.		

Principal Place of Business 1090 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154	Mailing Address 1090 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154
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94061168

2. Principal Place of Business 16585 SW 177th Ave	3. Mailing Address 16585 SW 177th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33187	Country USA

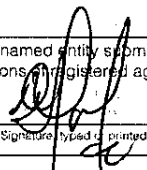
04212004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4243970	Applied For <input type="checkbox"/> 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 LUBIN, MICHAEL H 1090 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154		7. Name and Address of New Registered Agent Name Yudith Gonzalez Street Address (P.O. Box Number is Not Acceptable) 17550 SW 178th Ave City Miami FL Zip Code 33187	
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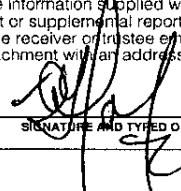
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	Yudith Gonzalez (Director)	DATE 04/21/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, YUDITH 1090 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, ENRIQUE L 1090 KANE CONCOURSE, STE 202 BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Yudith Gonzalez	DATE 04/21/04 (304) 969-8030
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