

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000061943

**Entity Name:** SOUTH FLORIDA FOLIAGE, INC.**FILED  
Jul 08, 2008  
Secretary of State****Current Principal Place of Business:**21105 SW 187 AVENUE  
MIAMI, FL 33187**New Principal Place of Business:**19325 SW 185 COURT  
MIAMI, FL 33187**Current Mailing Address:**21105 SW 187 AVENUE  
MIAMI, FL 33187**New Mailing Address:**29049 ROSE DRIVE  
BIG PINE KEY, FL 33043

FEI Number: 03-0525228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**GUILLEN, ELIZABETH N  
21105 SW 187 AVENUE  
MIAMI, FL 33187 US**Name and Address of New Registered Agent:**GUILLEN, EDUARDO  
29049 ROSE DRIVE  
BIG PINE KEY, FL 33043 US

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.

SIGNATURE: EDUARDO GUILLEN

07/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VP ( ) Delete  
Name: GUILLEN, ELIZABETH  
Address: 21105 SW 187 AVENUE  
City-St-Zip: MIAMI, FL 33187Title: D (X) Delete  
Name: GUILLEN, ELIZABETH  
Address: 21105 SW 187 AVENUE  
City-St-Zip: MIAMI, FL 33187Title: S (X) Delete  
Name: GUILLEN, ELIZABETH  
Address: 21105 SW 187 AVENUE  
City-St-Zip: MIAMI, FL 33187Title: P (X) Delete  
Name: GUILLEN, EDUARDO  
Address: 21105 SW 187 AVENUE  
City-St-Zip: MIAMI, FL 33187Title: D (X) Delete  
Name: GUILLEN, EDUARDO  
Address: 21105 SW 187 AVENUE  
City-St-Zip: MIAMI, FL 33187**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PVST (X) Change ( ) Addition  
Name: GUILLEN, EDUARDO  
Address: 29049 ROSE DRIVE  
City-St-Zip: BIG PINE KEY, FL 33043Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO GUILLEN

PVST

07/08/2008

Electronic Signature of Signing Officer or Director

Date