
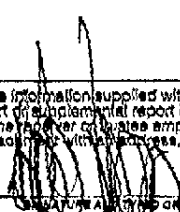


**FILED**  
**Apr 04, 2006 08:00 AM**  
 No. 0228  
**Secretary of State**

Mar. 20. 2006 9:31AM

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000100993</b>			
1. Entity Name <b>RAINFOREST FARMS &amp; BOUQUETS USA INC.</b>			
Principal Place of Business <b>520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>		Mailing Address <b>520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>(NOTE: Registered Agent's signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>URENA, RAFAEL</b>	NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHENSEN, MARIA A</b>	NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARGAS, ANA M</b>	NAME	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 holder of a state 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 attached schedule, with all other like empowered.			
SIGNATURE: 		March 15 <sup>th</sup> , 2006. <b>305 3743800</b>	
_____ <small>TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



01122006 Chg-P CR2E034 (11/05)

4. FEI Number **90-0108889** Applied For  Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

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04/19/06-80062-013 150.00