## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

ANNOAL NEFORT							04-22-2004 90007 032 ***150.00				
DOCUMENT # P03000119942  1. Entity Name 2EBRA TREES, INC.											
Principal Place of Business Mailing Address						1				001	
2220 ORANGE ST OVIEDO, FL 32765			P O BOX 621239 OVIEDO, FL 32762-1239			A demonstrate making			6423		
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Principal Place of Business     Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				III \$1111 3016 110111 11010)			151 II. 13 EI	
City & State			City & State			04142004 4. FEI Number	Chg-P	CR2E034	<u> </u>	olled For	
						65-1225446 Not Applicable					
Zip			Zip .			5. Certificate of Status Desired   \$8.75 Additional Fee Required			tional		
6. Name and Address of Current Registered Agent						7. Name and Ad	idress of New Re	gistered Ag	ent		
GAIER, ROBERTO E					Name						
2220 ORAI OVIEDO, F	NGE ST		_ Street Address (P.O. Box Number is Not Acceptable) —								
				City			FL	Zip Code	<del></del>		
8 The shove	named entil	hy authorite this statement fo	ad office of tecists								
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 Rorlda. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh								DATE		— I	
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.						5.00 May Be ded to Fees		,		Ì	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFF	CERS AND	PIRECTORS	IN 11	
TITLE	DP CANCO F	ODERTO E	Detete	tin.				ļ	Change	Addition	
NAME - Street adoress	P O BOX	ROBERTO E : 621239		NAA STR	RE EET ADORESS						
CITY-ST-ZIP	OVIEDO	FL 327621239		ÇIT	Y-ST-ZIP						
TITLE	DV	_	☐ Delete	ım		_		_	Change	☐ Addition	
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NAME	\- <del></del>		C Delicit	- NA					C) outside		
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IIILE			☐ Deleta	TIT	LE .				☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	l				Y-ST-ZIP						
TITLE	<del> </del>		☐ Detate	111	ie -				☐ Change	Addition	
NAME	-				ME J						
STREET ADDRESS	1			B	REET ADDRESS						
CITY-ST-ZIP	cortily that t	he information a malier	th this filing does not asset for		Y-ST-ZP	Saction 110.07/04/3	Florida Statute -	I durther cont	for they show:	oformation	
indicated of the co	d on this rep rporation or	ort or supplemental report the receiver or trustee em	th this filing does not qualify is true and accurate and tha powered to execute this repo with all other like empowers	ior une ex timy sign at as reni	emplion stated in ature shall have th uired by Chapter 6	e same legal effect 07, Florida Statutes	, morida statutes, as il made under ; and that my nam	i iuriner certi oath: that I ai e appears in	ny mak the H n an officer Block 10 n	r or director r Block 11 if	
changed	l, or on an a	ttachment with an address	, with all other like empowers	d.	, 2						
SIGNAT	TURE:	Glubl)	4 ROBERI	10 6	PAICIN	41	19/04	407.	977 1	P596	