2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 AM Secretary of State

	ANNUAL	REPORT		,	Sacr	etary of Sta
DOCUMENT # P04000036829					Seci	etary or Sta
1. Entity Name DM ROYAL GREEN GARDEN CENTER, INC.						
Principal Plac	e of Business	Mailing Address				
7524 SW 54		7524 SW 54 CT				
MIAMI, FL 3	3143	MIAMI, FL 33143				
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			the same of the section of	02072008 No	Chg-P CR26	E034 (11/05)
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		in the second of the	The state of the s	5. Certificate of State	us Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent	1 1 1 1 1 1 1 1 1	Harmonia de la compansión de la compansi		The second secon
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7951 SW 40TH STREET			Take the second to	DO NO	T WRIT	E
206 MIAMI, FL 33155				IN THI	S SPAC	E in which
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8 The above	named entity submits this statement for t	he oursose of changing its registr	ered office or register	ed agent, or both, in th	a State of Florida Jac	n familiar with, and accept
	ions of registered agent.	are purpose of crianging harregist	ared office of register	ed agent, or boar, writer	y Olato of Florida. Tur	The third the despression
SIGNATURE						
	Signature, typed or printed name of registered agent en-	d htle il applicable (NOTE, Registi	ered Agent signature required	when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	ancing \$5. n. \(\sum \) Add	.00 May Be ed to Fees		
10.	OFFICERS AND D	IRECTORS	£			, ,
TITLE NAME	PVPT TORRES, MARIELA					Same of the same
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CITY-ST-ZIP	MIAMI, FL 33143		1 Page 2 1 1 1 1 1	Carrella de e	Topo of the second	* , ', ', ', ', ', ', ', ', ', ', ', ', '
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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 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: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

30526/625