

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 050 ***150.00

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07212005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000084945 1. Entity Name NATIONAL PLANTS BROKER, INC.					
Principal Place of Business 1316 SW 139 PL MIAMI, FL 33184			Mailing Address 1316 SW 139 PL MIAMI, FL 33184		
2. Principal Place of Business 22541 S.W. 179 Ave Suite, Apt. #, etc.		3. Mailing Address 22541 S.W. 179 Ave Suite, Apt. #, etc.			
City & State MIAMI FL Zip 33170		City & State MIAMI FL Zip 33170		4. FEI Number 20-2710152	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, BORMEY A 1316 SW 139 PL MIAMI, FL 33184			7. Name and Address of New Registered Agent Name Rodriguez, Bormey A. Street Address (P.O. Box Number is Not Acceptable) 22541 S.W. 179 Ave City MIAMI FL Zip Code 33170		
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: [Signature] DATE: 7/21/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RODRIGUEZ, BORMEY STREET ADDRESS 1316 SW 139 PL CITY-ST-ZIP MIAMI, FL 33184 <input type="checkbox"/> Delete			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rodriguez, Bormey STREET ADDRESS 22541 S.W. 179 Ave CITY-ST-ZIP MIAMI, FL 33170		
TITLE VD NAME LOPEZ, RICARDO L STREET ADDRESS 1316 SW 139 PL CITY-ST-ZIP MIAMI, FL 33184 <input type="checkbox"/> Delete			TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lopez, Ricardo L STREET ADDRESS 22541 S.W. 179 Ave CITY-ST-ZIP MIAMI, FL 33170		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/21/05 (786) 299-1222 <small>Date Daytime Phone #</small>		