

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90046 050 ***150.00

DOCUMENT # P04000091266

1. Entity Name
BOTANICAL MANAGEMENT, INC.



Principal Place of Business
**325 S FEDERAL HWY SUITE 3
DANIA BEACH, FL 33004**

Mailing Address
**325 S FEDERAL HWY SUITE 3
DANIA BEACH, FL 33004**

2. Principal Place of Business
441 NE 46th St.

3. Mailing Address
441 NE 46th St.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

Country
USA



04052005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0817605

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN J
325 S FEDERAL HWY SUITE 3
DANIA BEACH, FL 33004

1210 N. 16th St #3
Hollywood, Fla
33020

7. Name and Address of New Registered Agent

Name
John White

Street Address (P.O. Box Number is Not Acceptable)
1210 N. 16th St #3

City
Hollywood Fla **FL** Zip Code
33020

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 *John White* DATE *4/11/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN J 441 NE 46TH ST BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John White</i> <i>1210 N. 16th St #3</i> <i>Hollywood Fla</i> 33020
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John White* DATE *4/11/05* DAYTIME PHONE # *954 465-6560*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR