


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90023 019 \*\*\*158.75

<b>DOCUMENT # P04000116606</b> 1. Entity Name <b>THE HOME PLANT NURSERY, CORP.</b>					
Principal Place of Business <b>13535 SW 47TH ST. MIAMI, FL 33175</b>			Mailing Address <b>P.O. BOX 650930 MIAMI, FL 33265</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 650929</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>MIAMI FL</b>			
City & State		City & State			
Zip	Country	Zip <b>33265</b>	Country <b>USA</b>		
4. FEI Number <b>20-1475852</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Chg-P <b>CR2E034 (12/06)</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, OSVALDO J 7951 SW 40TH ST., STE. 206 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>CARLOS A RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>13535 SW 47 ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>		
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 _____ DATE <b>3/10/08</b> <small>Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. <b>OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ, CARLOS PO BOX 650929 MIAMI, FL 33265		11. <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CARLOS PO BOX 650929 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 similar like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/10/08</b>		Daytime Phone # <b>3/207-2000</b>	

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