2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-11-2006 90115 027 ***150.00 **DOCUMENT # P05000140616** BLUÉ PALM NURSERY INC. 60026772 Principal Place of Business Mailing Address 1500 S.W. 184TH STREET 1500 S.W. 184TH STREET MIAMI, FL 33194 MIAMI, FL 33194 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMERO, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 19917 S.W. 124TH COURT MIAMI, FL 33177 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete ☐ Change Addition TITLE ROMERO, MAURICIO NAME NAME 19917 S.W. 124TH COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition SANTOS, CLARIS A NAME STREET ADDRESS 19917 S.W. 124TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP VTD TITLE ☐ Defete TITLE ☐ Change ☐ Addition HERNANDEZ, MARTIN MARAE NAME STREET ADDRESS 9229 S.W. 154TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

BES!OER

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Date Daytime Phone #

☐ Change

☐ Addition

FILED Apr 11, 2006 8:00 am Secretary of State