

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041187

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ORCHIDS GROWERS, INC.

**Current Principal Place of Business:**

1290 NORTH RIDGE BLVD, APT 3321  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1290 NORTH RIDGE BLVD, APT 3321  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:** 20-4546905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SUZUKI, MASA HARU  
1290 NORTH RIDGE BLVD, APT 3321  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SUZUKI, MASA HARU  
Address: 1290 NORTH RIDGE BLVD. APT. 3321  
City-St-Zip: CLERMONT, FL 34711 US

Title: VSD  
Name: KANG, BONG JO  
Address: 1601 JOHNS LAKE ROAD, SUNDANCE APT 1337  
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MASA HARU SUZUKI

PTD

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date