


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 040 ***150.00

DOCUMENT # P07000041164 1. Entity Name MIAMI TREE FARM, INC.					
Principal Place of Business 18495 S. DIXIE HWY., PMB 107 MIAMI, FL 33157			Mailing Address 18495 S. DIXIE HWY., PMB 107 MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8743663	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUBOIS, JOHN 3471 MAIN HWY., VILLA 619 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name JOHN DUBOIS Street Address (P.O. Box Number is Not Acceptable) 18495 S. DIXIE HWY, PMB 107 City MIAMI FL Zip Code 33157		
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 <i>John Dubois</i> JOHN DUBOIS <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 01/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DUBOIS, JOHN 18495 S. DIXIE HWY., PMB 107 MIAMI, FL 33157		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUBOIS, JOHN 18495 S. DIXIE HWY., PMB 107 MIAMI, FL 33157		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUBOIS, JOHN 18495 S. DIXIE HWY., PMB 107 MIAMI, FL 33157		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 all other like empowered.					
SIGNATURE: <i>John Dubois</i> JOHN DUBOIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 01/10/08 DAYTIME PHONE # 786 888-4000		