


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000084078

1. Entity Name
PLANT SOLUTIONS, INC



Principal Place of Business
**7333 HYPOLUXO FARMS RD.
LAKE WORTH, FL 33463**

Mailing Address
**7333 HYPOLUXO FARMS RD.
LAKE WORTH, FL 33463**

FILED
06 FEB 22 PM 12:26



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0453803

Applied For
 Not Applicable

City & State

City & State

Zip Country Zip Country

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

8. Name and Address of Current Registered Agent

**MARQUEZ, MARGARET
7333 HYPOLUXO FARMS
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PSDC MARQUEZ, MARGARET 7333 HYPOLUXO FARMS RD. LAKE WORTH, FL 33463	<input type="checkbox"/> Delete
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B. 2/23/04

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: *M. Marquez* **1/26/06** **(305) 794 3314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #