2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM **Secretary of State** TCUMENT # P94000081174 LMS & TROPICAL TREES DEPOT, INC. Dai Place of Business Mailing Address <u>uu s. Flamingo</u> RD. 2800 S. FLAMINGO RD. RT LAUDERDALE, FL 33330 FORT LAUDERDALE, FL 33330 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0551054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SFRANI, ABRAHAM DO NOT WRITE 300 S FLAMINGO ROAD AVIE, FL 33330 IN THIS SPACE tne 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 ine obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS **PVST** ZAFRANI, ABRAHAM CET ADDRESS 2800 S FLAMINGO RÓAD 11-51-211 **DAVIE, FL 33330** U00000337784 01/30/06-80065-006 158.7 ET AUURESS DO NOT WRITE IN THIS SPACE BELL ACOMESS Y-ST-70

Thereby 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 of the receiver of supplemental report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the receiver of fusive empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if Chapter 807, Florida Statutes.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HULT ADDRESS