


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 036 ***150.00

DOCUMENT # P95000032338
1. Entity Name
Ideal Nursery, Inc



DO NOT WRITE IN THIS SPACE

✓ **11041116**

2. Principal Place of Business
10585 SW 109th Court
Suite, Apt. #, etc. 201

3. Mailing Address
10585 SW 109th Court
Suite, Apt. #, etc. 201

DO NOT WRITE IN THIS SPACE

City & State Miami, Fl
Zip 33176 Country US

4. FEI Number 65-0777832
Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name Buroserv
Street Address (P.O. Box Number is Not Acceptable) 10585 SW 109th Court
Suite 201
City Miami FL Zip 33176

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.

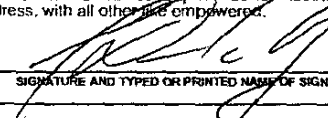
SIGNATURE  Francisco De La Paz 4/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

January 1 / May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francisco De La Paz 10585 SW 109th Court Ste 201 Miami, Fl 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Francisco De La Paz 4/30/2003 305 596 5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC34B (12/02)