UNIFORM BUSINESS REPORT (UBR)					Apr 30, 2	,UU3 8	:UU	am
DOCUMENT # P95000089018 1. Entity Name					Secretary of State 04-30-2003 90100 004 ***150.00			
GROWIN	G TREES INDUSTRY, INC.							
Principal Place 6421 SW 18 MIRAMAR FL		Mailing Address P.O. BOX 7448 HOLLYWOOD FL 33081						
2 Principal F	Place of Business	3. Mailing Address						
2639		3. Walling Address		(,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
HOLVU	Good, Florida	City & State			4. FEI Number NOT APPLIC	ABLE		ed For pplicable
3306		Zip	Country		5. Certificate of Status Desired	Fee F	75 Additio	nal
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
HERNANDEZ, PEDRO D			Name	Ped	ro D. Hernan	dez_		
6421, SW 18 ST.			Street	Address (F	P.O. Box Number is Not Acceptable)	-00 t	_	
MIRAMAR FL 33023				257	1110111202 311.	<u> </u>		
								
			City	tolly	wood	FL ^z	<u> 330</u>	20
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.								accept
the obligations of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd site if applicable (NOT	- Cogletoned Appet pine	eturo convice d	whon reinstating)	DATE		
		ind title ii appricable. (NOT	E: Registered Agent sign	ature required	when reinstailing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Fina	~	\$5.00	
Make Check Payable to Florida Department of State					Trust Fund Contribution	. 📙	Added to	Fees
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN	111
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NAME	HERNANDEZ, PEDRO D 6421 SW 18 ST.		NAME	Ped	19 MonRoe Stree	t '`		
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2003 FOR PROFIT CORPORATION

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 supplied ental 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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

Change

☐ Change

☐ Addition

Addition