

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90293 009 ***150.00

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1. Entity Name

PLANTS OF WONDER CORPORATION



Principal Place of Business

19155 S.W. 216 STREET
MIAMI FL 33170

Mailing Address

19155 S.W. 216 STREET
MIAMI FL 33170



2. Principal Place of Business

3. Mailing Address

19503 SW 380 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

Florida City, FL 33034

4. FEI Number

65-0650153

Applied For

Not Applicable

Zip

Country

Zip

33034

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUAREZ, EZEQUIEL
19155 S.W. 216 STREET
MIAMI FL 33170

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JUAREZ, EZEQUIEL
STREET ADDRESS 19155 W. 216 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06 (305) 484-2400