

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


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FILED
Apr 10, 2006 8:00 am
Secretary of State

03-21-2006 90032 002 ***150.00

DOCUMENT # P96000037803

1. Entry Name
PLANTMANIA NURSERY, INC.



Principal Place of Business Mailing Address
22690 SOUTHWEST 207 AVENUE **1071 SW 139TH CR**
MIAMI FL 33170 **MIAMI FL 33124**

66009296



2. Principal Place of Business 3. Mailing Address

Suite Apt # etc Suite Apt # etc

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0669057 Applied For (For Applicants)

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

Name
DUQUE, LUIS H
1071 SW 139TH COVER
MIAMI FL 33184

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

City **FL** State Code

8. The above named entity submits this statement for the purpose of registering its registered office or registered agent, or both, in the state of Florida, and for the purpose of the obligations of registered agent.

SIGNATURE _____

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 of Fiscal Year End \$5.00 May 9 Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------|---------------------|----------------|---|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| S | DUQUE, LUIS H | 1071 SW 139TH COVER | MIAMI FL 33184 | | | | |
| VP | DUQUE, BERTA | 1071 SW 139TH COURT | MIAMI FL 33184 | | | | |
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Handwritten note: 1174, 6

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 the signature shall have the same legal effect as if made under oath. This filing is made on behalf of the corporation or the receiver or trustee empowered to exercise the reporting required by Chapter 607, Florida Statutes, and that the name address of the filer of Block 1 is changed or on an attachment with an address with all other

SIGNATURE: _____
 SIGNATURE AND PRINTED NAME OF SECRETARY OR DIRECTOR