2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P96000061460 04-25-2005 90270 050 ***150.00 VEGA & SONS TREE FARM, INC. Principal Place of Business Mailing Address 1034 "B" ROAD 1034 "B" ROAD PACATOCA LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0688821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEGA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 1054 "B" ROAD LOXAHATCHEE, FL 33470 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PT THE Defete TITLE ☐ Change ☐ Addition NAME VEGA, JOSE A NAME STREET ADDRESS 1054 "B" ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE Delete TITLE 12459 Guil Fores way Wellington, FC. 33414 Change Addition VEGA, LEONAARDO J NAME NAME STREET ADDRESS 12604 BUCKLAND ST. STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP III) F ☐ Delete TITLE ☐ Addition NAME VEGA, JAVIER 9952 woodworth covert Wellington, FC. 33414 STREET ADDRESS 42604 BUCKLAND ST. STREET ADDRESS CITY-ST-ZIP WELLINGTON, Pt. 33414 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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 suppliemental 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 of 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 attached and with an address, with all autorities empowered.

Wose

NATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: 上

FILED

X4-20-05 561-773-5977 Date Daytime Phone #