

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000060960

1. Entity Name
PLANTS OF EDEN-WEST, INC.



Principal Place of Business
**24355 SW 197TH AVE
HOMESTEAD, FL 33031 US**

Mailing Address
**24355 SW 197TH AVE
HOMESTEAD, FL 33031 US**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUE, JOSEPH E
24355 SW 197TH AVE
HOMESTEAD, FL 33031**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUE, JOSEPH E
STREET ADDRESS	1760 NW 17TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	DV
NAME	MARTIN, JOHN S
STREET ADDRESS	2281 NW 181ST TER
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	DST
NAME	GERMAINE, PATRICIA L
STREET ADDRESS	13155 IXORA CT #903
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	DAST
NAME	LEE, ANTHONY F
STREET ADDRESS	1021 N SUNSET CIR
CITY-ST-ZIP	RIALTO, CA 92376
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/04-80038-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH E. LUE

4/13/04

305 248-2794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #