

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90329 045 ***158.75

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		04072005 Chg-P CR2E034 (10/03)			
4. FEI Number 65-0766698				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUE, JOSEPH E 24355 SW 197TH AVE HOMESTEAD, FL 33031			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME LUE, JOSEPH E		<input type="checkbox"/> Delete		
STREET ADDRESS 1760 NW 17TH ST	CITY-ST-ZIP HOMESTEAD, FL 33030		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DV	NAME MARTIN, JOHN S		<input type="checkbox"/> Delete		
STREET ADDRESS 2261 NW 161ST TER	CITY-ST-ZIP PEMBROKE PINES, FL 33028		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST	NAME GERMAINE, PATRICIA L		<input type="checkbox"/> Delete		
STREET ADDRESS 13155 IXORA CT #903	CITY-ST-ZIP MIAMI, FL 33181		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DAST	NAME LEE, ANTHONY F		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1021 N SUNSET CIR	CITY-ST-ZIP RIALTO, CA 92376		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DAST	NAME LEE, ANTHONY F		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 7191 ELSA CT.	CITY-ST-ZIP FONTANA CA. 92336		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DAST	NAME LEE, ANTHONY F		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 7191 ELSA CT.	CITY-ST-ZIP FONTANA CA. 92336		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH E. LUE 4/17/05					