2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P97000067153

Entity Name: TROPICAL LANDSCAPE NURSERY INC.

Current Principal Place of Business:

12365 SW 56TH ST
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

1211 ALGERIA AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

9817 N.W. 29 ST
DORAL, FL 33172 US

FEI Number: 65-0771762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASAMAYOR, NADIA
9817 N.W. 29 ST
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

CASAMAYOR, NADIA
9817 N.W. 29 ST
DORAL, FL 33172 US

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.

SIGNATURE: 10/10/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASAMAYOR, NADIA
Address: 1211 LAGERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASAMAYOR, NADIA
Address: 9817 N.W. 29 ST
City-St-Zip: DORA, FL 33172 US

Title: P ( ) Change (X) Addition
Name: CASAMAYOR, SANTIAGO SR. P
Address: 9817 N.W. 29 ST.
City-St-Zip: DORAL, FL 330172 US

Title: VP ( ) Change (X) Addition
Name: CASAMAYOR, SANTIAGO JR.
Address: 9817 N. W. 29 ST.
City-St-Zip: DORAL, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADIA CASAMAYOR D 10/10/2005
Electronic Signature of Signing Officer or Director — Date