


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P99000008644</b>                         |  |
| 1. Entity Name<br><b>CLASSICAL PLANT BROKERS, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>17450 S.W. 208TH STREET<br/>MIAMI, FL 33187 US</b> | Mailing Address<br><b>P.O. BOX 770998<br/>MIAMI, FL 33177 US</b> |
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**DO NOT WRITE IN THIS SPACE**



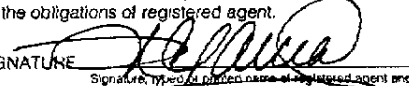
01302006 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0890976</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>COFFEY-GARCIA, MICHELLE L<br/>8641 SW 84 TERR<br/>MIAMI, FL 33143</b> |
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|   |                     |
|---|---------------------|
| 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    | DATE <b>1-31-06</b> |

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|   |  |                                  |
|---|--|----------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>02/17/06-80008-003 150.00</b> |
|---|--|----------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>COFFEY-GARCIA, MICHELLE L<br>P.O. BOX 770998<br>MIAMI, FL 33177 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered. |  |
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|  |                     |                                     |
|--|---------------------|-------------------------------------|
| SIGNATURE:  | Date <b>1-31-06</b> | Daytime Phone # <b>305.412.7600</b> |
|--|---------------------|-------------------------------------|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR