2005 FOR PROFIT CORPORATION

6/24/2005-90003-031-\$150.00-\$150.00 **ANNUAL REPORT** 05 SEP 28 MHO: 45 **DOCUMENT # P99000050377** CARIBE NURSERY OF SOUTH FLORIDA INC. Principal Place of Business Mailing Address 15605 S.W. 74 CIRCLE DR. P.O. BOX 1508 MIAMI, FL 33265-1508 MIAMI, FL 33193 3. Mailing Address アルカ、日コソ 2. Principal Place of Business 35400 SW | Suite, Apt. #, etc. P21208 Suite, Apt. #, etc. City & State City & State Applied For HIAMI. 65-0925734 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3752-1201 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, OSCAR A 15605 S.W. 74 CIRCLE DR. #8 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33193 25700 SW 12+ Place FL 8. The above named out bubmits 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 SIGNATURE. name of registered agent and titls if applicable (NOTE: Registered Agent signesure required when remissions) DATE \$5.00 May Be FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTS TITLE Oelete TITLE Change ■ Addition MAGE RODRIGUEZ, OSCAR A 8.0. Box 65150f STREET ADDRESS P.O. BOX 1508 STREET ADDRESS MIAMI, FL 332851508 CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change ☐ Addition KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Detete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP TILLE Defete tmlE ☐ Change ☐ Addition NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-21P 12. I hereby certify that the information supplied with this filting 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 occupitation or the acceleron 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 addises, with all other like empowered. SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR



CARIBE NURSERY OF SOUTH FLORIDA, INC. OSCAR A RODRIGUEZ

25700 SW 127 PLACE PRINCETON, FLORIDA 33032 USA

September 23, 2005

Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

Dear Associate,

RE: Document #: P99000050377

I am writing this letter to you in the hopes that you will drop the penalty fee of \$400.00 on my account. The reason I am requesting this is because I never received the form or card that you mailed out to inform me that I had to renew my corporation. It wasn't until I did my taxes that my accountant informed me that my corporation had to be renewed. As you can see I have had a change of address for my business and for my home during 2004. Please understand and reinstate my corporation to active.

If you should need any further information please do not hesitate to get in contact with me at the above address.

Anything that you can do to expedite this matter would be greatly appreciated.

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incerely,

Oscar A Rodriguez