

# 2008 FOR PROFIT CORPORATE ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # S36176**

1. Entity Name  
**READY PLANTS, INC.**



Principal Place of Business

**8457 NW 66TH ST  
MIAMI, FL 33166 US**

Mailing Address

**8457 NW 66TH ST  
MIAMI, FL 33166 US**



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0250283**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBIN, MICHAEL A.  
420 SO. DIXIE HIGHWAY, SUITE #4B  
CORAL GABLES, FL 33146**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000900128  
04/29/08-80015-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RUBIN, MICHAEL A  
420 S. DIXIE HWY., #4B  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VALENTINO, PHILIP  
420 S. DIXIE HWY., #4B  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
ROBERTS, JOSEPH C  
420 S. DIXIE HWY., #4B  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
NATALINO, RANDY  
420 S. DIXIE HWY., #4B  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ROBERTS, PENNY  
420 S. DIXIE HWY., #4B  
CORAL GABLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOFF, RANDY L  
420 S DIXIE HWY, #4B  
CORAL GABLES, FL**

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOSEPH C. ROBERTS**

**4-11-08**

**305-592-8986**