## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S36176

Entity Name: READY PLANTS, INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8457 NW 66TH ST MIAMI, FL 33166 US **Current Mailing Address: New Mailing Address:** 8457 NW 66TH ST MIAMI, FL 33166 US FEI Number: 65-0250283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUBIN, MICHAEL A 420 SO. DIXIE HIGHWAY, SUITE #4B CORAL GABLES, FL 33146 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RUBIN, MICHAEL A Name: Name: 420 S. DIXIE HWY., #4B Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: Title: () Delete () Change () Addition VALENTINO, PHILIP Name: Name: 420 S. DIXIE HWY, #4B Address: Address: CORAL GABLES, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: CPD () Change () Addition ROBERTS, JOSEPH C Name: Name: 420 S. DIXIE HWY., #4B Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition NATALINO, RANDY Name: Name: Address: 420 S. DIXIE HWY., #4B Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: STD Title: () Delete () Change () Addition ROBERTS, PENNY Name: Name: 420 S. DIXIE HWY., #4B Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: () Delete Title: () Change () Addition GOFF, RANDY L Name: Name: 420 S DIXIE HWY, #4B Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH C ROBERTS CPD 04/24/2009