2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

S36861 **DOCUMENT #**

1. Entity Name

AMERICAN FOLIAGE GROWERS, INC.



FILED Apr 14, 2003 8:00 am secretary of State

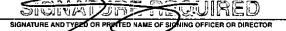
04-14-2003 90042 037 ***150.00

				GOO WE				
Principal Place of Business 415 DETJENS DAIRY ROAD VENUS FL 33960-2106 US		Mailing Address 24 SW 8TH COURT DELRAY BEACH FL 3: US	24 SW 8TH COURT DELRAY BEACH FL 33444-2316					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				MET DEDEK DERFE MENDE DEDEK MENDE IDAR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State			. FEI Number 65-0263508	Applied For Not Applicable	
Zip	Country	Zip	Country		5.	. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent			ed Agent	
ARMAS, GE 24 SW 8TH	COURT		Name Street Address		dress (P.O.	Box Number is Not Acceptable)		
DELRAY BE	ACH FL 33444-2316							
				City			Zip Code	
the obligatio	amed entity submits this statemens of registered agent.		its registered			agent, or both, in the State of Florida. I	· .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		_ +		
10. OFFICERS AND DIRECTORS 1			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	PP Armas, George 3350 S. 96th Court Boynton Beach FL 33437	☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP		Detjens Dairy Roa s, FL 33960-2106		

TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:



863-443-0036

Daytime Phone #