## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 25, 2004 08:00 AM Secretary of State **DOCUMENT # S41319** 1. Entity Name DELRAY PLANTS INTERNATIONAL, INC. Principal Place of Business Mailing Address 5700 SIMMS ROAD 5700 SIMMS ROAD DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0250471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOORNNEEF, JACOB DO NOT WRITE 5700 SIMS ROAD DELRAY BEACH, FL 33484 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, 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000096075 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KOORNNEEF, JACOB STREET ADDRESS 5700 SIMMS ROAD CITY-ST-ZIP DELRAY BEACH, FL 33484 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 71P MLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

URE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

**FILED**