

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90007 005 ***150.00

DOCUMENT # 676885

1. Entity Name
TROPICAL FOLIAGE FARMS, INC.



Principal Place of Business
13075 SW 112 AVE
MIAMI, FL 33176

Mailing Address
13075 SW 112 AVE
MIAMI, FL 33176

40031640



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

301 FLUVIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007

Chg-P

CR2E034 (12/06)

City & State

City & State

CORAL GABLES, FL

4. FEI Number

59-2018749

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIU, PETER
13075 S.W. 112TH AVENUE
MIAMI, FL 33176

Name **PETER LIU**

Street Address (P.O. Box Number is Not Acceptable)

301 FLUVIA AVENUE

City **CORAL GABLES**

FL

Zip Code

33134

ADDRESS CHANGE

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

PETER LIU

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(Not a Registered Agent signature required when reinstating)

3/3/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LIU, JOSEPH
13075 S.W. 112 AVE.
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LIU, PETER
13075 S.W. 112 AVE.
MIAMI, FL ☒ Delete **ADDRESS CHANGE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PETER LIU
301 FLUVIA AVE
CORAL GABLES FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]

PETER LIU

3/3/05

305-519-6393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #