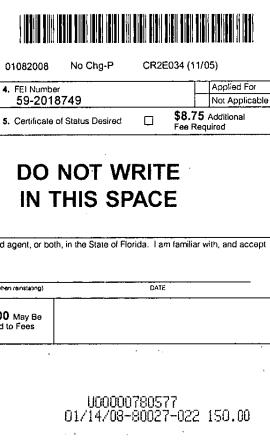
2008 FOR PROFIT CCRPORATION **ANNUAL REPORT DOCUMENT #676885** 1. Entity Name TROPICAL FOLIAGE FARMS, INC. Principal Place of Business Mailing Address 13075 SW 112 AVE **301 FLUVIA AVE** MIAMI, FL 33176 CORAL GABLES, FL 33134

FILED Jan 11, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE LIU. JOSEPH NAME 13075 S.W. 112 AVE. STREET ADDRESS CITY - ST-ZIP MIAMI, FL DST TITLE LIU. PETER NAME STREET ADDRESS 301 FLUVIA AVE CORAL GABLES, FL 33134 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trusted 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:

LIU, PETER

301 FLUVIA AVENUE CORAL GABLES, FL 33134

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR