2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

ANNOAL REPORT							Secretary or State					
DOCUMENT # 640582 1. Entity Name DIAZ LANDSCAPING & NURSERY, INC.							04-26-2005 90177 005 ***158.75					
Principal Plac	e of Busines	S	Mailing Address] 2	2004200	•			
23705 SW 1	17TH AVE		23705 SW 117TH AVE	23705 SW 117TH AVE.			20047096					
MIAMI, FL 3	_		MIAMI, FL 33032									
The state of the s												
2. Principal P	lace of Busin	ness TK A	- 44 A									
26401 S.W. 107 TH AVE. 26401 S.W. LO.						VE.	11848 844			124 6121 21611 316	***************************************	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02222005 Chg-P CR2E034 (10/0						
City & Stat		10 6/	City & State HOMESTEAD FX.			4. FEI Numbe			<u> </u>	plied For		
HOMESTEAD, FL						59-196	7009			ot Applicable		
Zip 330	122	Country USA	Zip 33032 Cour		SA	_ 5. (of Status Desired	×	\$8.75 Add		
		and Address of Current F		377	7. Name and Address of New Registe				Fee Required			
	U. IVAING	and Address of Current P		7. Name and	Address of New F	egisterea	Agent					
DIAZ-FOX, EMILIA												
	•	'E STE 1005	+		Street Address (P.O. Box Number is Not Acceptable)							
FOUR SEASONS OFFICE POER												
MIAMI, FL	33131	÷										
		•			City					Zip Cod	e	
									Fl	- `		
8. The above	named entit tions of regis	y submits this statement for	the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Fi	orida. I am	rfamiliar with,	and accept	
trie obligat	aons or regis	tered agent,										
SIGNATURE.											İ	
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatu	re required	when reinstating)		DATE			
•										•		
		FEE IS \$150.00	9. Election Campa	_	-		.00 May Be					
After M	ay 1, 200	5 Fee will be \$550.0	Trust Fund Cont	ribution.		Add	ed to Fees				į	
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
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NAME	DIAZ, MANUEL C											
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12. I hereby o	certify that th	e information supplied with	this filing does not qualify for	the exer	mption state	ed in Se	ction 119.07(3)(i), Florida Statutes	l further ce	rtify that the in	formation	
mulcated	on this repor	rt or subpremental report is :	ifue and accurate and that r	av sionat	ura shall ha	ive the s	same legal effec	t as if made under .	aath: that l	am an officer	or director	
changed,	or on an atta	achment with an agaireas, w	wered to execute this report it vall other like empowered.	uo royuli	CO DY CHAL	יפי 100/	, i iviiud oldiüle	s, and that thy ham	o abbears	III BIOCK 3U 0I	DIOCK 13 IT	
		/ <i>[Ul][[[[]]</i> [1]]	By Tio.				,	11. 1	-		0.1.1.	
SIGNAT	URE:/_	The state of	of the				4	1/15/05		9-258	8440	
	(SIGNATURE AND TYPED OR PE	INTER NAME OF SIGNING OFFICER	OR DIRECT	OR			Date		Daytime Phone #		