2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# F79412

Entity Name: VILA AND SON NURSERY CORP

Current Principal Place of Business:

20451 S.W. 216 ST.
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

20451 S.W. 216 ST.
MIAMI, FL 33170

New Mailing Address:

FEI Number: 59-2189458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILA, BAUDILIO B.
23315 S.W. 187 AVE.
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

VILA, BAUDILIO B
20451 SW 216 STREET
MIAMI, FL 33170 US

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.

SIGNATURE: BAUDILIO VILA 01/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VILA, BAUDILIO B.,
Address: 23315 S.W. 187 AVE.
City-St-Zip: HOMESTEAD, FL 33031

Title: VP ( ) Delete
Name: VILA, JUAN C
Address: 18900 SW 232
City-St-Zip: MIAMI, FL 33150

Title: S ( ) Delete
Name: VILA, MARIA DEL P
Address: 23315 S.W. 187 AVE.
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VILA, BAUDILIO
Address: 20451 SW 216TH STREET
City-St-Zip: MIAMI, FL 33170

Title: VP (X) Change ( ) Addition
Name: VILA, JUAN C
Address: 20451 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: S (X) Change ( ) Addition
Name: VILA, MARIA DEL P
Address: 20451 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAUDILIO VILA P 01/25/2005
Electronic Signature of Signing Officer or Director Date