

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115355

Entity Name: GILMER NURSERY, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

12325 S.W. 72ND STREET
MIAMI, FL 33183

New Principal Place of Business:

6605 SW 127 AVENUE
MIAMI, FL 33183

Current Mailing Address:

12325 S.W. 72ND STREET
MIAMI, FL 33183

New Mailing Address:

3400 SW 102 AVENUE
MIAMI, FL 33165

FEI Number: 03-0383505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENENDEZ, DAVID
12325 S.W. 72ND STREET
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MENENDEZ, DAVID
Address: 12325 S.W. 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP () Change (X) Addition
Name: GARCIA, JOSE A
Address: 3400 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33165

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: JOSE A. GARCIA

DP

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date