


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 15, 2006 08:00 A
Secretary of State**

DOCUMENT # P01000115355

1. Entity Name
GILMER NURSERY, INC.



Principal Place of Business
6605 SW 127 AVENUE
MIAMI, FL 33183

Mailing Address
3400 SW 102 AVENUE
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0383505

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000564781
05/20/06-80089-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MENENDEZ, DAVID
STREET ADDRESS	12325 S.W. 72ND STREET
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	DP
NAME	GARCIA, JOSE A
STREET ADDRESS	3400 SW 102 AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/06

Daytime Phone #: 305 595-4098