


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000078068

1. Entity Name
GOLDEN SEED NURSERY INC.



FILED
04 OCT 26 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09/06/04 90176 045 1500

Principal Place of Business
**13055 SW 137 AVE.
MIAMI, FL 33186**


Mailing Address
**13055 SW 137 AVE.
MIAMI, FL 33186**

2. Principal Place of Business
13055 SW 137 AVE
Suite, Apt. #, etc.
MIAMI, FL
City & State

3. Mailing Address
9706 SW 133 AVE
Suite, Apt. #, etc.
Miami, Florida
City & State

Zip
33186 Country
DADE

Zip
33186 Country
USA



08242004 Chg-P CR2E034 (10/03)

4. FEI Number
11-3696601

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

6. Name and Address of Current Registered Agent

CESTI, GIORGIO
9706 SW 133 TERRACE
MIAMI, FL 33176

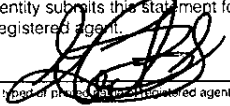
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: **10/21/04**

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

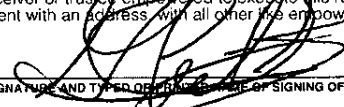
TITLE	P	<input type="checkbox"/> Delete
NAME	CESTI, GIORGIO	
STREET ADDRESS	13055 SW 137 AVE.	9706 SW 133 AVE
CITY-ST-ZIP	MIAMI, FL 33186	MIAMI, FL 33176
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 04

12. I hereby certify that the information supplied with this filing does not qualify 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 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 fees empowered.

SIGNATURE:  DATE: **10/21/04** DAYTIME PHONE #: **786 242-8000**

SIGNATURE AND TYPE OF OFFICER OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR