

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90108 022 \*\*\*150.00

|                                                                                                                                                                                                                               |                                                                        |                                 |                                                                                                                     |                                                                                                 |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000037557</b>                                                                                                                                                                                                |                                                                        |                                 |                                                                                                                     |                |                                                                              |
| 1. Entity Name<br><b>E. MARTINEZ NURSERY INC.</b>                                                                                                                                                                             |                                                                        |                                 |                                                                                                                     |                                                                                                 |                                                                              |
| Principal Place of Business<br><b>18420 SW 122 STREET<br/>MIAMI FL 33187</b>                                                                                                                                                  |                                                                        |                                 | Mailing Address<br><b>18420 SW 122 STREET<br/>MIAMI FL 33187</b>                                                    |                                                                                                 |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                |                                                                        |                                 | 3. Mailing Address                                                                                                  |                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                        |                                 | Suite, Apt. #, etc.                                                                                                 |                                                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                  |                                                                        |                                 | City & State                                                                                                        |                                                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                           | Country                                                                | Zip                             | Country                                                                                                             | 4. FEI Number <b>65-0682310</b>                                                                 |                                                                              |
|                                                                                                                                                                                                                               |                                                                        |                                 |                                                                                                                     | Applied For<br>Not Applicable                                                                   |                                                                              |
|                                                                                                                                                                                                                               |                                                                        |                                 |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>CARLSON, ALEX E<br/>145 CURTISS PARKWAY<br/>MIAMI SPRINGS FL 33166</b>                                                                                                  |                                                                        |                                 | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                              |                                                                        |                                 |                                                                                                                     |                                                                                                 |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                        |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | P<br>MARTINEZ, CRISPINA...<br>11697 N.W. 2ND ST #208<br>MIAMI FL 33172 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | R<br>MARTINEZ, CRISPINA<br>8910 S.W. 186th Terrace<br>MIAMI, FL 33157                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VP<br>MARTINEZ, NAIVI<br>11697 N.W. 2ND ST #208<br>MIAMI FL 33172      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | VP<br>MARTINEZ, CRISPINA<br>8910 S.W. 186 Terrace<br>MIAMI, FL 33157                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | T<br>MARTINEZ, LAZARO<br>11697 NW 2ND STREET #208<br>MIAMI FL 33172    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | T<br>MARTINEZ, CRISPINA<br>8910 S.W. 186 Terrace<br>MIAMI, FL 33157                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                |                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/05 305-255-3010  
Date Daytime Phone #