2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 473910

1. Entity Name
AMERICAN SOD OF MIAMI, INC.

Principal Place of Business	Mailing Address
3205 S.W. 25TH TERRACE MIAMI, FL 33133	3205 S.W. 25TH TERRACE MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

01232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1594865	Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, HECTOR M.
3205 SW 25TH TERRACE
MIAMI, FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000147365
05/03/04-80104-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GONZALEZ, AYMEE
STREET ADDRESS	3205 SW 25TH TERR
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	P
NAME	GONZALEZ, HECTOR R.
STREET ADDRESS	3205 SW 25TH TERR
CITY-ST-ZIP	MIAMI, FL

TITLE	VP
NAME	GONZALEZ, HECTOR M.
STREET ADDRESS	3205 SW 25TH TERR
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _Hector Gonzalez_   4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #