2004 FOR PROFIT CORPORATIO ANNUAL REPORT DOCUMENT # 580138					FILED May 03, 2004 08:00 AN	
1. Entity Name OASIS NURSERY, INC.				Secretary of State		
Principal Place of 6 16835 SW 192 S MIAMI, FL 33187	T	Mailing Address 18345 S.W. 206TH ST. MIAMI, FL 33187-3319		- - 		
DO NOT WRITE IN THIS SPA			CE O4292004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0367253 Not Applied For 65-0367253 S. Certificate of Status Desired			
6 ANNENBAU 230 SW 83 A 71AMI, FL 33	legisterød Agent	DO NOT WRITE IN THIS SPACE				
the obligations	ed entity submits this statement for of registered agent. ure, typed or printed name of registered agent a		ed office or register		th, in the State of Florida. I am familiar with, and accept DATE	
	OWILI FEE IS \$150.00 , 2004 Fee will be \$550.0 Officers and i		incing \$5. . Add	.00 May Be ed to Fees		
TLE PD MUE TA REET ADDRESS 18: TY-ST-ZIP MI/ TLE SD MUE TA REET ADDRESS 18:	NNENBAUM, REBECCA G. 345 S.W. 206TH STREET AMI, FL				000000154903 05/05/04-80015-014 150.00	
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ILE IME REET ADDRESS TY - ST - ZIP RLE						
ME REET ADDRESS TY - ST - ZIP 2. I hereby certify indicated on it of the corporal changed, or of	y that the information supplied with its report or supplemental report is ion or the peceiver or trustee empo an attachment with an address, w	this filing does not qualify for the exe true and accurate and that my signa were to execute this report as requ rith all other like empowered	emption stated in Se ature shall have the s lired by Chapter 607	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	
