


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 697818 1. Entity Name TAPANES & SONS NURSERY, INC.	
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Principal Place of Business 8743 NW 140 LANE HIALEAH, FL 33018	Mailing Address 8743 NW 140 LANE HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2109818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TARRADEEL, EUSEBIO F 4840 NW 184TH TERRACE MIAMI, FL 33055
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, ALINA 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAPANES, ARMANDO JR. 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALVAREZ, RAFAEL L 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORGES, JORGE A 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000190977
01/24/05-80155-011 150.00

**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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALINA BORGES
PRESIDENT**

Date

Daytime Phone #

1/18/05