

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 697818**



Entity Name  
**TAPANES & SONS NURSERY, INC.**

Principal Place of Business

**8743 NW 140 LANE  
HIALEAH, FL 33018**

Mailing Address

**8743 NW 140 LANE  
HIALEAH, FL 33018**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**TARRADEEL, EUSEBIO F  
840 NW 184TH TERRACE  
MIAMI, FL 33055**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000396627  
01/30/06-80017-009 150.00

**OFFICERS AND DIRECTORS**

NAME	PO BORGES, ALINA
HOME ADDRESS	8743 NW 140 LANE
CITY-ST-ZIP	HIALEAH, FL 33018
NAME	VD TAPANES, ARMANDO JR.
HOME ADDRESS	8743 NW 140 LANE
CITY-ST-ZIP	HIALEAH, FL 33018
NAME	ST ALVAREZ, RAFAEL L
HOME ADDRESS	8743 NW 140 LANE
CITY-ST-ZIP	HIALEAH, FL 33018
NAME	TD BORGES, JORGE A
HOME ADDRESS	8743 NW 140 LANE
CITY-ST-ZIP	HIALEAH, FL 33018
NAME	
HOME ADDRESS	
CITY-ST-ZIP	
NAME	
HOME ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**ALINA BORGES, PRESIDENT**

Date

Obvious Phone #

**1/16/06**