2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# H17833

Entity Name: ACOSTA BROTHERS NURSERY, INC.

Current Principal Place of Business:

21600 SW 162ND AVENUE
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

21600 SW 162ND AVENUE
GOULDS, FL 33170

New Mailing Address:

FEI Number: 59-2441582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAZOZA, CARLOS
2100 SALZEDO ST
STE 300
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ACOSTA, CRUZ M.,
Address: 21600 SW 162ND AVE
City-St-Zip: GOULDS, FL

Title: VST ( ) Delete
Name: ACOSTA, MIRIAM,
Address: 21600 SW 162ND AVE
City-St-Zip: GOULDS, FL

Title: D ( ) Delete
Name: ACOSTA, MIRIAM,
Address: 21600 SW 162ND AVE
City-St-Zip: GOULDS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ACOSTA, MIRIAM,
Address: 21600 SW 162ND AVE
City-St-Zip: GOULDS, FL 33170

Title: VST (X) Change ( ) Addition
Name: ACOSTA, SUSIE,
Address: 21600 SW 162ND AVE
City-St-Zip: GOULDS, FL 33170

Title: VST (X) Change ( ) Addition
Name: FERNANDEZ, ANA,
Address: 22651 SW 162ND AVE
City-St-Zip: GOULDS, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM ACOSTA PD 02/10/2004

Electronic Signature of Signing Officer or Director — Date