

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90187 013 ***150.00

DOCUMENT # J75648

1. Entity Name
ROSE GARDEN NURSERY CORPORATION



Principal Place of Business

**% ROBERTO PANDO
6401 SW 118TH AVE
MIAMI, FL 33183**

Mailing Address

**% ROBERTO PANDO
6401 SW 118TH AVE
MIAMI, FL 33183**

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0016365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANDO, ROBERTO
6401 SW 118TH AVE
MIAMI, FL 33183**

**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, 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	DP PANDO, ROBERTO 6401 SW 118TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANDO, EMILIO 6401 SW 118 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANDO, ROSE ELENA 6401 SW 118 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANDO, CARMELA 6401 SW 118 AVE MIAMI, FL
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #