

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90032 041 \*\*\*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

287 LAS BRISAS COURT  
CORAL GABLES, FL 33143-6500



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006 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 33183

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

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IN THIS SPACE**

12. 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:

*Carmela Pando* 1/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #