


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K91173
 1. Entity Name
GARMIZO NURSERY & LANDSCAPING, INC.



Principal Place of Business 13425 NW 182ND ST HIALEAH, FL 33015 US	Mailing Address PO BOX 1264 HALLANDALE, FL 33008 US
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01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0127419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERMAN, ROBERT M.
 8751 W BROWARD BLVD
 PLANTATIO, FL 33324-2630

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 GARMIZO, JAIME 20210 NE 23RD CT NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GARMIZO, JANETTE 20210 NE 23RD CT NORTH MIAMI BEACH, FL 33180
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 01/26/05-80100-003 150.00

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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:  DATE: 1/26/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR