



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K91173</b>	
1. Entity Name <b>GARMIZO NURSERY &amp; LANDSCAPING, INC.</b>	

Principal Place of Business <b>13425 NW 182ND ST HIALEAH, FL 33015 US</b>	Mailing Address <b>10796 GRIFFIN RD FORT LAUDERDALE, FL 33328 US</b>
--	---

**DO NOT WRITE IN THIS SPACE**

	
01042008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0127419</b>	Applied For 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

**HERMAN, ROBERT M.  
8751 W BROWARD BLVD  
PLANTATIO, FL 33324-2630**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

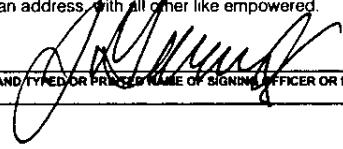
10. OFFICERS AND DIRECTORS:

TITLE <b>PD</b>	<b>GARMIZO, JAIME</b>
NAME	<b>20210 NE 23RD CT NORTH MIAMI BEACH, FL 33180</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>ST</b>	<b>GARMIZO, JANETTE</b>
NAME	<b>20210 NE 23RD CT NORTH MIAMI BEACH, FL 33180</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000827027  
02/21/08-80073-020 150.00

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:  **1/16/08** **9546808720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #