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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90966 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L96456

40076045

1. Entity Name
BROTHERS MALAYA NURSERY, INC.

Principal Place of Business	Mailing Address
12700 SW 66 ST. FT LAUDERDALE, FL 33330	12700 SW 66 ST FT LAUDERDALE, FL 33330

01:32005 Chg-P CR2E034 (10/03)

2. Principal Place of Business / 3. Mailing Address
Suite, Apt. # etc. / Suite, Apt. # etc.
City & State / City & State
Zip / Country / Zip / Country

4. FEI Number
65-0216801
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HIDALKGO, ANTONIO
5001 SW 131 AVE.
MIRAMIR, FL 33027

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, type or printed name of registered agent and, if applicable, the office address of registered agent

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete HIDALGO, ANTONIO 5001 SW 131 AVE MIRAMIR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HIDALGO, FRANCISCO 16431 N.E. 34TH AVE. N MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete HIDALGO, JULIAN 16007 SW 24 ST TEMBROKE PINE, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Antonio Hidalgo 4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #