

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 035 ***150.00

DOCUMENT # L96456

1. Entity Name
BROTHERS MALAYA NURSERY, INC.



Principal Place of Business

12700 SW 66 ST.
FT LAUDERDALE, FL 33330

Mailing Address

12700 SW 66 ST.
FT LAUDERDALE, FL 33330



04272006 No Chg-P CR2E034 (11/05)

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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

HIDALGO, ANTONIO
5001 SW 131 AVE.
MIRAMIR, FL 33027

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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	D
NAME	HIDALGO, ANTONIO
STREET ADDRESS	5001 SW 131 AVE.
CITY-ST-ZIP	MIRAMIR, FL 33027
TITLE	D
NAME	HIDALGO, FRANCISCO
STREET ADDRESS	16431 N.E. 34TH AVE.
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	D
NAME	HIDALGO, JULIAN
STREET ADDRESS	16097 SW 24 ST.
CITY-ST-ZIP	TEMBROKE PINE, FL 33028
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:

Antonio Hidalgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #