


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Mar 10 2004 08:00 AM  
Secretary of State  
MAR 8 - 2004

CR 021412

<b>DOCUMENT # M50696</b> 1. Entity Name ORNAMENTAL NURSERY, CORPORATION	
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Principal Place of Business 19000 SW 192 ST. MIAMI, FL 33187 US	Mailing Address 19000 SW 192 ST. MIAMI, FL 33187 US
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03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2794101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RODRIGUEZ, ESTEBAN 16451 NW 84TH AVE MIAMI, FL 33016
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

00000083868  
03/10/04-80056-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ, ESTEBAN 16451 NW 84 AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, ALBERTO 30545 SW 183 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME 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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #