

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90219 043 ***150.00

DOCUMENT # M99293

1. Entity Name
NURSERY ELEGUA'S INC.



Principal Place of Business

12291 SW 72ND ST
MIAMI, FL 33183-2617 US

Mailing Address

12291 SW 72ND ST
MIAMI, FL 33183-2617 US

14007754



04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0076977 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, MIGUEL
6700 SW 122ND AVE
MIAMI, FL 33183-2619

**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 _____

**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 PD
NAME ROJAS, MIGUEL
STREET ADDRESS 6700 SW 122ND AVE
CITY-ST-ZIP MIAMI, FL 33183

TITLE STD
NAME ROJAS, CARMEN D
STREET ADDRESS 6700 SW 122ND AVE
CITY-ST-ZIP MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
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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 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: Miguel Rojas, President 4/24/05 305-274-8135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #