

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000002912

1. Entity Name
J.L. MOREJON NURSERY AND FARMS, INC.



Principal Place of Business
18250 SW 200 STREET
MIAMI, FL 33187

Mailing Address
15623 SW 292 TERRACE
LEISURE CITY, FL 33033 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

09132005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0312420 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NÚÑEZ, ALEJANDRO ESQ.
250 GIRALDA AVENUE
CORAL GABLES, FL 33134

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 _____
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
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME MOREJON, JORGE LUIS
STREET ADDRESS 18250 SW 200 STREET
CITY-ST-ZIP MIAMI, FL 33187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600060085636
09/29/05--01058--015 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-05 8057951-0577
Date Daytime Phone #

FILED
05 SEP 27 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



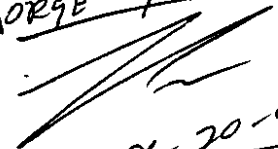
9-20-05

FROM JORGE L MORESON
JL MORESON NURSERY AND FARMS INC. 

LETTER NUMBER: 005A00056431
2005 FOR PROFIT CORPORATION
ANNUAL REPORT,
DOCUMENT # 800000002912

I RETURNED BACK THE SECOND LETTER AND
I JUST RECEIVED THE CORPORATION ANNUAL
REPORT APPLICATION WITH THE RETURN CHECK.

I'M SENDING BACK AGAIN THE CHECK
WITH THIS LETTER EXPLAINING I DID NOT
RECEIVED ANYTHING TO LET ME KNOW TO
MAKE THE PAYMENT THAT'S THE REASON
I'M LATE.

JORGE MORESON

9-20-05