2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State
09-07-2006 90013 028 ***150.00

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1. Entity Name
VELIZ ORNAMENTAL NURSERY CORP.

Principal Place of Business	Mailing Address
16401 SW 216 STREET MIAMI, FL 33170	20819 SW 127TH COURT MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

07242005 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0995808
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VELIZ, YSRAEL
20819 SW 127TH COURT
MIAMI, FL 33177

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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 6, 2006

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	PD
NAME	VELIZ, YSRAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VD
NAME	VELIZ, ISRAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	SDT
NAME	VELIZ, ISAEL
STREET ADDRESS	20819 SW 127TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Yagil 8/24/06 305 970-2870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #