

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038509

FILED
Mar 19, 2005
Secretary of State

Entity Name: VALDES GARDEN NURSERY INC.

Current Principal Place of Business:

5150 S.W. 208 LANE
FORT LAUDERDALE, FL 33332

New Principal Place of Business:

18851 SHERIDAN STREET
SOUTH WEST RANCHES, FL 33332

Current Mailing Address:

5150 S.W. 208 LANE
FORT LAUDERDALE, FL 33332

New Mailing Address:

18851 SHERIDAN STREET
SOUTH WEST RANCHES, FL 33332

FEI Number: 65-1001858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, CESAR
5150 S.W. 208 LANE
FORT LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

VALDES, CESAR
18851 SHERIDAN STREET
SOUTH WEST RANCHES, FL 33332 US

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.

SIGNATURE:

03/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: VALDES, CESAR
Address: 5150 S.W. 208 LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: VPD () Delete
Name: VALDES, MINERVA
Address: 5150 S.W. 208 LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VALDES, CESAR
Address: 18851 SHERIDAN STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VPD (X) Change () Addition
Name: VALDES, MINERVA
Address: 18851 SHERIDAN STREET
City-St-Zip: SOUTH WEST RANCHES, FL 33332

Title: V () Change (X) Addition
Name: VALDES, CESAR JR
Address: 18851 SHERIDAN STREET
City-St-Zip: SOUTH WEST RANCHES, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR VALDES

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03/19/2005

Electronic Signature of Signing Officer or Director

Date