


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90076 033 ***150.00

DOCUMENT # P0000060481	
1. Entity Name R & M NURSERY, INC.	

Principal Place of Business 3901 S FLAGLER DR #705 WEST PALM BEACH FL 33405	Mailing Address 3901 S FLAGLER DR #705 WEST PALM BEACH FL 33405
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 65-1042655		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional-Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
VILARINO, RAMON 3901 S FLAGLER DR #705 WEST PALM BEACH FL 33405		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARINO, RAMON	NAME	
STREET ADDRESS	3901 S FLAGLER DR #705	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARINO, MANUEL I	NAME	
STREET ADDRESS	3901 S FLAGLER DR #705	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **04-05-04 561-687-1704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #