
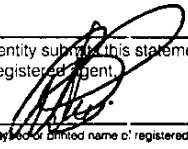
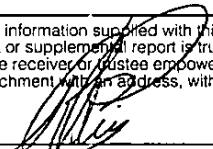


2005 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90023 022 ***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	
2. Principal Place of Business		3. Mailing Address 3901 S. Flagler Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1001	
City & State		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
		F-33405	USA
4. FEI Number 65-1042655		Applied For <input type="checkbox"/> 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) 3901 S. FLAGLER Drive, #1001	
		City West Palm Beach FL Zip Code 33405	
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: 3/24/2005	
Signature of block 8 limited name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILARINO, RAMON	NAME	
STREET ADDRESS	3901 S FLAGLER DR #705	STREET ADDRESS	3901 S. Flagler Dr. #1001
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D <input checked="" 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: 		DATE: 3/24/2005 561-	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	