


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000075960	
1. Entity Name BOUGAINVILLEA NURSERY, INC.	
	
Principal Place of Business 15515 SW 177 MIAMI, FL 33187	Mailing Address 15515 SW 177 MIAMI, FL 33187
DO NOT WRITE IN THIS SPACE	



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1049960	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 ESQUIJAROSA, PAULO 19780 S.W. 177TH AVENUE, #125 MIAMI, FL 33187
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**DO NOT WRITE
IN THIS SPACE**

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000100496
04/01/04-80010-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESQUIJAROSA, PAULO 19780 S.W. 177TH AVENUE, #125 MIAMI, FL 33187
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IN THIS SPACE**

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:  **PAULO ESQUIJAROSA**
PRESIDENT 03/24/04 (305) 259-4800