## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P0000075960  1. Entity Name BOUGAINVILLEA NURSERY, INC.							05-01-2006 90325 040 ***150.00				
Principal Place of Business Mailing Address					· <b>L</b>	<b>—</b>	, , , ,	·			
15515 SW 1	77		15515 SW 177								
MIAMI, FL 33187 MIAMI, FL 33187											
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2. Principal Place of Business			3. Mailing Address			IIII					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		042420	06	Chg-P	CR2E	34 (11/05)		
City & State			City & State			4. FEI No.	mber 04998			<del>} - </del>	oplied For
Zip		Country	Zip	Cour	ntry			tatus Desired	П	\$8.75 Add	
6. Name and Address of Current			t Peristered Acent	1	7. Name and Address of New Registered Agent					ed .	
	<b>0.</b> Nume	did Address of Cultur	r izadiatatan vidatir	<del> </del>	Name	7. IVALITE	anu Auc	iless of New I	zagisterau	Mann	•
ESQUIJAROSA, PAULO 19780 S.W. 177TH AVENUE. #125					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33187						7 SW .			-		
					City					Zin Cod	le .
8. The above named entity submits this platement to the purpose of changing its registere					City Mi AMi				FL	Zip Cod	2
the obligat	named entit tions of regist	y submits this statement ered agent.	) \		oc onice or reg	gistoroo agarit, o	both, in	the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE_	- 11 <i>(</i> 0,	Uli) (F	o Esqui.	Esquiraosa Lasidant 04/24/06							
SIGNATURE	Signature, typed	or printed name of registered age	trand title if applicable. (N	OTE: Register	ed Agent signature re	equired when reinstation	1)		DATE	/	
FIL	E NOW!!!	FEE IS \$150.00	6. Election Camp	aion Fina	ncing	\$5.00 May B					
After Ma	ay/1, 2000	6 Fee will be \$550				\$5.00 May Be Added to Fees					
10.	ay/1, 2000	OFFICERS AND	.00 Trust Fund Co	ntribution.				NGES TO OFF	FICERS AND		
10.	PSTD	OFFICERS AND	.00 Trust Fund Co	ntribution.	E			NGES TO OFF	FICERS AND	DIRECTOR Change	S IN 11
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