


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P00000115159 1. Entity Name ASIAN GARDENS CORPORATION |  |
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| Principal Place of Business 5100-310 CLEVELAND AVENUE FORT MYERS, FL 33907 | Mailing Address 5100-310 CLEVELAND AVENUE FORT MYERS, FL 33907 |
|--|--|



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-1063011 | 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

**LARROW, PAUL L
3501-312 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT CESARINO, VINCENT III 1324 GOLF DRIVE FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP CESARINO, SHAWNA 1324 GOLF DRIVE FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CESARINO, VINCENT IV 5100 CLEVELAND AVE., #318, PMB 346 FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LARROW, PAUL L 3501-312 DEL PRADO BLVD. CAPE CORAL, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/03/04-80007-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VINCENT CESARINO III 01/27/04 239-810-1385