## 2007 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5100-310 CLEVELAND AVENUE

FORT MYERS, FL 33907

## ANNUAL REPORT

## DOCUMENT # P00000115159

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

Principal Place of Business

FORT MYERS, FL 33907

Suite, Apt. #, etc.

LARROW, PAUL L

3501-312 DEL PRADO BLVD. CAPE CORAL, FL 33904

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

CESARINO, VINCENT III

FORT MYERS, FL 33919

FORT MYERS, FL 33919

CESARINO, VINCENT IV

FORT MYERS, FL 33919

3501-312 DEL PRADO BLVD.

5100 CLEVELAND AVE., #318, PMB 346

CESARINO, SHAWNA

1324 GOLF DRIVE

1324 GOLF DRIVE

LARROW, PAUL L

CAPE CORAL, FL

City & State

Zip

SIGNATURE.

10.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

HILE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

5100-310 CLEVELAND AVENUE

ASIAN GARDENS CORPORATION

2. Principal Place of Business - No P.O. Box #



Country

9. Election Campaign Financing

11.

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

Trust Fund Contribution.

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City

FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90195 035 \*\*\*150.00

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hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 giber like empowered.

SIGNATURE: \_

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

Change

Addition

☐ Addition