


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011768
 1. Entity Name
 REDLANDS FARM NURSERY, INC.



Principal Place of Business 14201 SW 248TH STREET REDLANDS, FL 33032	Mailing Address 2650 BISCAYNE BLVD MIAMI, FL 33137
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1079396	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SANDBERG, NEAL L
 2650 BISCAYNE BLVD
 MIAMI, FL 33137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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

U00000126381
 04/23/04-80031-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESTRE, TOMAS 14201 SW 248TH STREET REDLANDS, FL 33032
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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: *Tomás Mestre* 4/20/04 305-576-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #