


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90005 043 ***150.00

DOCUMENT # P01000016419 1. Entity Name JASMIN NURSERY INC.					
Principal Place of Business 10234 HAGEN RANCH ROAD BOYNTON BEACH FL 33437			Mailing Address 15082 TALL OAK AVE. DELRAY BEACH FL 33446		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7171 Via Abruzzi Suite, Apt. #, etc.			
City & State 		City & State Lake Worth, FL		4. FEI Number 65-1079505	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33467		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANTOS, TERESA 15082 TALL OAK AVE. DELRAY BEACH FL 33446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7171 Via Abruzzi City Lake Worth FL Zip Code 33467		
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 <u><i>[Signature]</i></u> DATE 8/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, TERESA 15082 TALL OAK AVE DELRAY BEACH FL 33446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 7171 Via Abruzzi Lake Worth, FL. 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, NELSON R 15082 TALL OAK AVE DELRAY BEACH FL 33446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 7171 Via Abruzzi Lake Worth, FL. 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Luisa Santos</i></u> Teresa Santos, V.P.			Date 8/23/04 Daytime Phone #		

ATTACHMENT

54070108

P01000016419

8/21/04

Please find enclosed

\$150.00 not \$550.00 due

to the message I received by
phone stating, I never received

the report plus my address has
been changed. I also requested

this form about 3 weeks ago
and I just received it.

Thank you,

Teresa Sandoz

(561) 439-8207

