


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000047591			
1. Entity Name FLOR DE ALELI NURSERY, INC.			
Principal Place of Business 4495 SOUTHWEST 127TH AVENUE MIAMI, FL 33175		Mailing Address 4495 SOUTHWEST 127TH AVENUE MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BONETTI, MILAGROS 4495 SOUTHWEST 127TH AVENUE MIAMI, FL 33175		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State: FL Zip Code	
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 _____ <small>Signatur's, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D BONETTI, MILAGROS 4495 SOUTHWEST 127TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000155250 05/05/04-80030-001 150.00
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
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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 (7), 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 I signed 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 on the back of the report changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Milagros Bonetti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Milagros Bonetti
 Date: *Dec/28/04*