

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083554

Entity Name: MAYRA NURSERY, INC

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

19850 SW 392ND ST.
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

1704 NW 3TH TERR
105
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 65-1132136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBAN, LAZARO
1704 NW 3RD TERR
105
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALBAN, LAZARO
Address: 1704 NW 3RD TERR #105
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD () Delete
Name: MENDIZABAL, MAYRA
Address: 1704 NW 3RD TERR #105
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO GALBAN

PR

01/19/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date