


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000107165	
1. Entity Name MAYA'S NURSERY, INC.	

Principal Place of Business 20850 SW 207 AVE MIAMI, FL 33183	Mailing Address 2750 SW 128 AVE MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



03192006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-1155391	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

**ORTEGA C., FRANCISCO A
14517 SW 83 ST
MIAMI, FL 33183**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000450811
04/10/06 80050-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTEGA C., FRANCISCO A 2750 SW 128 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ORTEGA, NUBIA 2750 SW 128 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTEGA, ARUZCELY 2750 SW 128 AVE MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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, changed, or on an attachment with an address, without other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-06

Office

Display Phone #