


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 24, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000022168 1. Entity Name LA SERAFINA NURSERY INC. |  |
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| Principal Place of Business 21295 SW 352ND STREET HOMESTEAD, FL 33034 | Mailing Address 21295 SW 352ND STREET HOMESTEAD, FL 33034 |
|---|---|



09212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0599299 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent MONTES, TONANTZIN 21295 SW 352 STREET FL CITY, FL 33034 | DO NOT WRITE IN THIS SPACE |
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MONTES, TONANTZIN 21295 SW 352 STREET FL CITY, FL 33034 |
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09/24/04-80001-002 150.00

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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)(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: *Francisco Montes* 9/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #