

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028455

Entity Name: LAZY LEAF NURSERY, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

51 SW 9 ST
MIAMI, FL 33130

New Principal Place of Business:

30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149

Current Mailing Address:

51 SW 9 ST
MIAMI, FL 33130

New Mailing Address:

30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149

FEI Number: 01-0613632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUYANIC, MAX D
51 SW 9 ST
MIAMI, FL 33130

Name and Address of New Registered Agent:

PUYANIC, MAX D
30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149

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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERTOLD, RICHARD S
Address: 29405 SW 170 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: BERTOLD, RUSSELL A
Address: 25550 SW 147 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: LYDEN, PATRICK
Address: 28701 SW 202 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RICHARD BERTOLD

DIR

04/27/2004

Electronic Signature of Signing Officer or Director

Date