

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90007 011 ***150.00

DOCUMENT # <u>P020000 39978</u>			
1. Entity Name <u>Garden Medical Care, Corp.</u>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <u>2501 SW 8th street</u>		3. Mailing Address <u>Same as Principal</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami Florida</u>		City & State	
Zip <u>33135</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>04-3645620</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		<u>Daisy Martinez</u>	
Street Address (P.O. Box Number is Not Acceptable)		<u>1623 SW 45 ST</u>	
City		<u>Cape Coral FL</u>	
Zip Code		<u>33914</u>	
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 <u>X</u>		<u>Daisy Martinez</u>	
Signature, typed or printed name of registered agent and title if applicable.		DATE <u>7/2/04</u>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Martinez, Daisy</u> <u>1623 SW 45 ST</u> <u>Cape Coral, FL 33914</u>	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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: <u>X</u>		<u>Daisy Martinez</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>7/2/04</u> (305) 644-0905	