

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060291

1. Entity Name

J. G. M. GROWING PROPERTIES, CORP.



Principal Place of Business

7401 SW 147 CT
MIAMI, FL 33193

Mailing Address

7401 SW 147 CT
MIAMI, FL 33193

FILED
05 APR 28 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 No Chg-P CR2E034 (10/03)

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4. FEI Number
04-3682214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, J.C.
7401 SW 147 CT
MIAMI, FL 33193

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUERRA, J.C.
STREET ADDRESS	7401 SW 147 CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	DT
NAME	CABRERA, BARBARA
STREET ADDRESS	7401 SW 147 CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400054200274
05/10/05--01021--001 **1500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-05

APR 28 2005