FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 21, 2003 8:00 am Secretary of State P02000060457 **DOCUMENT #** 04-21-2003 90387 050 ***150.00 1. Entity Name THE SECRET GARDEN DESIGN, INC. Principal Place of Business Mailing Address 267 NAHKODA DRIVE 267 NAHKODA DRIVE --- 10080001 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 Principal Place of Business 3. Mailing Address NE (DRTISE) Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES G City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33\G(d 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BORGES, ALFONSO** Street Address (P.O. Box Number is Not Acceptable) 3425 SW 88 PLACE **MIAMI FL 33165** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE **Change** ☐ Addition BORGES, ALFONSO N NAME NAME 3725 SW 887L STREET ADDRESS 267 NAHKODA DRIVE STREET ADDRESS MIAMI SPRINGS FL 33166 CITY-ST-7IP CITY-ST-ZIP MIDHI SPRINGS, **VSD** Change TITLE Delete TITLE Addition NAME PRENDES, JOSE G NAME STREET ADDRESS STREET ADDRESS 267 NAHKODA DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

SIGNATURE:

changed, or on an attachment with