

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000072872

1. Entity Name

MORE EASE GARDEN CENTER INCORPORATED



Principal Place of Business

**17740 SW 292ND STREET
HOMESTEAD, FL 33030**

Mailing Address

**17740 SW 292ND STREET
HOMESTEAD, FL 33030**



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number

37-1434871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERRONES, JULIO JR.
17740 SW 292 ST
HOMESTEAD, FL 33030**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BERRONES, JULIO JR.**
STREET ADDRESS **17740 SW 292ND STREET**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **V**
NAME **GALVEZ, EDDIE**
STREET ADDRESS **1411 JAY CT**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000761667
05/25/07-80062-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Julio Berrones J.L. 4/26/07

Date

Daytime Phone #

305-216-4395