

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


FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90026 035 ***150.00

CR2E034 (4/03)

DOCUMENT # **P02000083872**

1. Entity Name
ANGEL NURSERY FARM, INC.



Principal Place of Business
**1510 SW 119 CT
MIAMI FL 33184**

Mailing Address
**1510 SW 119 CT
MIAMI FL 33184**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip - Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip - Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GARCIA, ELADIO
1510 SW 119 CT
MIAMI FL 33184**

4. FEI Number
16 165 1836

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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	P GARCIA, ELADIO 1510 SW 119 CT MIAMI FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 an other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____

Date **9/5/03** Daytime Phone # **9/5/03**

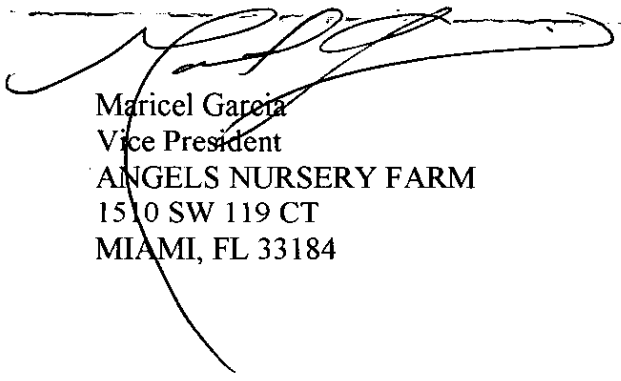
Attachment

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P12000083872

September 5, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sirs: enclosed please find a check in amount of \$150.00 for the payment of the UBR report. I have not received any note o form to pay this amount by May 1st I spoke with one of your agents named Tina, and she instructed me to mail this letter letting you know that We have not received the form to mail by May 1. The attached form is the one we have received The name of our Corporation is: ANGEL NURSERY FARM And Our FEI NUMBER is: 16-165-1836. Thanks in advance for your kind attention to this matter.



Maricel Garcia
Vice President
ANGELS NURSERY FARM
1510 SW 119 CT
MIAMI, FL 33184