

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098535

1. Entity Name
A.R.P. GARDENS, INC.



Principal Place of Business
**6810 COUNTRY PLACE ROAD
WEST PALM BEACH, FL 33411**

Mailing Address
**6810 COUNTRY PLACE ROAD
WEST PALM BEACH, FL 33411**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 55-0795928 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ALCANTARA, ROBERT
6810 COUNTRY PLACE ROAD
WEST PALM BEACH, FL 33411**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

04/07/04-80028-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | ALCANTARA, ROBERT |
| STREET ADDRESS | 6810 COUNTRY PLACE ROAD |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 |
| TITLE | D |
| NAME | JUAN, PEDRO |
| STREET ADDRESS | 630 S "H" STREET |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 |
| TITLE | D |
| NAME | LEYVA, ASLEY |
| STREET ADDRESS | 1535 PARKWAY COURT |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33413 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

Robert Alcantara
Robert Alcantara

Date

4/4/04

Daytime Phone #