2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098654

LEONOR, PRADO

17732 SW 137 PLACE

MIAMI, FL 33177 US

Name:

Address:

City-St-Zip:

INDOOR GARDENS OF FLORIDA INC

FILED Feb 18, 2004 Secretary of State

Entity Na	me: INDOOR	GARDENS OF FLORIDA, INC	. .		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14816 SW 179TH STREET MIAMI, FL 33187			14330 SW 142 AVEN MIAMI, FL 33186	14330 SW 142 AVENUE MIAMI, FL 33186	
Current Mailing Address:			New Mailing Address:		
14816 SW MIAMI, FL	179TH STRE 33187	ET			
FEI Number	: 52-2377175	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LEONOR, 17732 SW MIAMI, FL	' 137 PLACE				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES (ELIZABETH AI 14816 SW 179 MIAMI, FL 33	OTH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ROBERTO, PF 14816 SW 179 MIAMI, FL 33	TH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MD (X ENRIQUE, PR. 14816 SW 179 MIAMI, FL 33	TH STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEONOR PRADO SEC 02/18/2004