


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000123381	
1. Entity Name LA PAZ NURSERY, INC.	

Principal Place of Business 35102 SW 213 AVE HOMESTEAD, FL 33034	Mailing Address 9908 NW 41 STREET MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



07152005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0436351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ROBERTO P
9908 NW 41 STREET
MIAMI, FL 33178

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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 \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 08/22/05-81103-024 151.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ, ROBERTO P 9908 NW 41 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, LOURDES 9908 NW 41 STREET MIAMI, FL 33178
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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 all other like empowered.

SIGNATURE:  **Roberto P. Perez** **8-18-05** **305-245-1664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #