

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90007 049 \*\*\*155.00

**DOCUMENT # P03000002711**

1. Entity Name  
**LISSY'S ORCHID GARDEN, INC.**



Principal Place of Business  
**333 MALAGA AVENUE  
CORAL GABLES, FL 33134**

Mailing Address  
**333 MALAGA AVENUE  
CORAL GABLES, FL 33134**

**44049752**



2. Principal Place of Business

*Same*  
Suite, Apt. #, etc.

3. Mailing Address

*Same*  
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**440903799**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, HOSEY ESQ  
2701 SOUTH BAYSHORE DRIVE SUITE 602  
COCONUT GROVE, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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)

*7/21/04*  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RODRIGUEZ, LISSY  
STREET ADDRESS 333 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD ☐ Delete  
NAME HERRERA, ALEX  
STREET ADDRESS 333 MALAGA AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-20-04 3053013799*

*Attachment*  
HOSEY HERNANDEZ, P.A.

44049752

2701 SOUTH BAYSHORE DRIVE, SUITE 602 • COCONUT GROVE, FLORIDA 33133 • (305) 859-2222 • FAX (305) 858-6097

July 19<sup>th</sup>, 2004

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: My clients: Lissy's Orchid Garden**  
**Assigned Document No.: P30000002711**

To Whom It May Concern:

Please be advised that my client did not receive the rejected application. Please give my client the courtesy of waiving the late fee.

Enclosed please find a properly filled out application along with a check. Thank you very much for your attention.

Very truly yours,

Hosey Hernandez, Esq.

HH/ng