2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90015 040 ***150.00

DOCUMENT # P03000002711

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

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

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4063 Ponce de Leon	PO Box 141294
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL.	City & State: CORAL Gables, FL.
Zip: 33146 Country: FL.	Zip: 33134 Country:

4. FEI Number 47-0903799 ☐ Applied For ☐ Not Applicable

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

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 ______ 3/14 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PD	☒ Delete	TITLE	OD	☒ Change ☐ Addition
NAME	RODRIGUEZ, LISSY		NAME	Rodriguez, Lissy	
STREET ADDRESS	333 MALAGA AVENUE		STREET ADDRESS	PO Box 141294	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	VD	☒ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	HERRERA, ALEX		NAME	Herrera, Alex	
STREET ADDRESS	333 MALAGA AVENUE		STREET ADDRESS	PO Box 141294	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Herrera 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #