


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

2/4/04

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90070 009 \*\*\*150.00

<b>DOCUMENT # P03000012254</b>			
1. Entity Name FLOATING GARDENS, INC.			
Principal Place of Business 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134		Mailing Address 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134	
2. Principal Place of Business 6861 SW 147 <sup>th</sup> AVE. Suite, Apt. #, etc. APT. # 2A City & State MIAMI, FL Zip 33193 Country USA		3. Mailing Address 6861 SW 147 <sup>th</sup> AVE. Suite, Apt. #, etc. APT. # 2-A City & State MIAMI, FL Zip 33193 Country USA	
4. FEI Number 01302004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: RICARDO MONTES Street Address (P.O. Box Number is Not Acceptable) 6861 SW 147 <sup>th</sup> AVE. APT. # 2A City MIAMI FL Zip Code 33193	
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: <i>Ricardo Montes</i> DATE: 2/2/2004			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICARDO MONTES 6861 SW 147 <sup>th</sup> AVE, #2A MIAMI, FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerment.			
SIGNATURE: <i>Ricardo Montes</i>		DATE: 2/2/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-380-8295	