


FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90025 045 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000012254 1. Entity Name FLOATING GARDENS, INC.	
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Principal Place of Business 6861 SW 147TH AVE APT # 2A MIAMI, FL 33193	Mailing Address 6861 SW 147TH AVE APT # 2A MIAMI, FL 33193
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40015273



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>20-2271822</u> NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MONTES, RICARDO
 6861 SW 147TH AVE
 APT # 2A
 MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - Director MONTES, RICARDO 6861 SW 147TH AVE - Apt. 2-A. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER ALBERTO ARROYO 6861 SW 147TH AVE APT. 2-A MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 another life empowered.

SIGNATURE: [Signature] 1/24/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #