

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90013 016 ***150.00

DOCUMENT # P03000025917

1. Entity Name

ELIO'S PALM TREE SALES AND NURSERY SERVICES, INC.



Principal Place of Business

17860 SW 107 AVE #5
MIAMI FL 33157

Mailing Address

17860 SW 107 AVE #5
MIAMI FL 33157

54017635

2. Principal Place of Business

8415 SW 107 AVE

Suite, Apt. #, etc.

#346

City & State

MIAMI - FLA

Zip 33173

Country

U.S.A

3. Mailing Address

8415 SW 107 AVE

Suite, Apt. #, etc.

#346

City & State

MIAMI - FLA

Zip 33173

Country

U.S.A



MOORE

CR2E034 (11/03)

4. FEI Number

06-1682050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ELIO
17860 SW 107 AVE #5
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name LOUIS F. CAST

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

4805 NW 79 Avenue

City MIAMI

FL

Zip Code 33166

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, ELIO
STREET ADDRESS 17860 SW 107 AVE #5
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIO HERNANDEZ 3-7-04 (301) 510-7174

Date

Daytime Phone #