

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90064 010 \*\*\*150.00

**DOCUMENT # P03000035906**

1. Entity Name  
**GENERAL GARDEN CORP**



Principal Place of Business  
**3952 SW 59 AVENUE  
MIAMI, FL 33155**

Mailing Address  
**3952 SW 59 AVENUE  
MIAMI, FL 33155**

**60053841**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**75-3110189**

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

7. Name and Address of New Registered Agent

**ESCOBAR, MOISES  
3952 SW 59 AVENUE  
MIAMI, FL 33155**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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 **D** ☐ Delete  
NAME **ESCOBAR, MOISES**  
STREET ADDRESS **3952 SW 59 AVENUE**  
CITY- ST- ZIP **MIAMI, FL 33155**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY- ST- ZIP

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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 exemptions contained in Chapter 119, 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 it 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

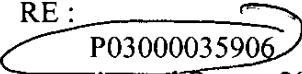
Date

Daytime Phone #

ATTACHMENT  
60053841

Miami, Florida  
July 18, 2007


Division of Corporation  
P.O .Box 1500  
Tallahassee, Fl 32302-1500

RE :  
  
P03000035906  
Annual Report 2007

Attached for your record our check #1771 by \$150.00 Dollars covering the report of reference.

Never the report was received, only one carton( Notice of intent to dissolve) now on July, 2007.

Very Truly

  
Moises Escobar  
President