


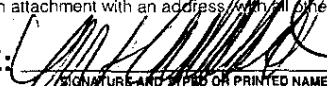
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-04-2004 90005 028 ***158.75

DOCUMENT # P03000044676			
1. Entity Name COUNTRY GARDEN NURSERY, INC.			
Principal Place of Business 12230 SW 38 ST MIAMI, FL 33175		Mailing Address 12230 SW 38 ST MIAMI, FL 33175	
2. Principal Place of Business 15403 SW 200 Street		3. Mailing Address 15403 SW 200 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33187	Country USA	Zip 33187	Country USA
6. Name and Address of Current Registered Agent HADDAD, MARICELA E 12230 SW 38 ST MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: Haddad, Maricela E. Street Address (P.O. Box Number is Not Acceptable): 15403 SW 200 Street City: Miami FL Zip Code: 33187	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. HADDAD, MARICELA E 12230 SW 38 STREET MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Haddad, Maricela E. 15403 SW 200 Street Miami, FL 33187 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, LEOPOLDO JR. 12230 SW 38 ST MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Castro, Leopoldo Jr. 15403 SW 200 Street Miami, FL 33187 <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 empowered.

SIGNATURE:  Maricela E. Haddad 05/19/04 786-280-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54056823



05102004 Chg-P CR2E034 (10/03)

4. FEI Number: 74-3090789 Applied For: Not Applicable

5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required