



**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**



<b>DOCUMENT # P03000060590</b>						04-30-2004 90382 005 ***150.00	
1. Entity Name BOTANICA GRANADA INC.							
Principal Place of Business 702 HIALEAH DR. HIALEAH, FL 33010		Mailing Address 702 HIALEAH DR. HIALEAH, FL 33010					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04282004 Chg-P CR2E034 (10/03)	
City & State		City & State				FEL Number <b>73-1669114</b>	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHAPLE, TERESITA 702 HIALEAH DR. HIALEAH, FL 33010				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		D		TITLE			
NAME		CHAPLE, TERESITA		NAME			
STREET ADDRESS		702 HIALEAH DR.		STREET ADDRESS			
CITY-ST-ZIP		HIALEAH, FL 33010		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			
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 like empowered.							
SIGNATURE: _____				Date _____ Daytime Phone # _____			