

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90029 044 ***158.75

DOCUMENT # P03000068053

1. Entity Name

LOS PINOS NURSERY CORP



Principal Place of Business

34600 SW 213 AVE
HOMESTEAD FL 33034

Mailing Address

34600 SW 213 AVE
HOMESTEAD FL 33034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

06-1700183

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MAGALY
34600 SW 213 AVE
HOMESTEAD FL 33034

7. Name and Address of New Registered Agent

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 \$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	P	<input type="checkbox"/> Delete
NAME	GARCIA, JORGE L	
STREET ADDRESS	34600 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, MAGALY	
STREET ADDRESS	34600 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, VICTOR	
STREET ADDRESS	34600 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, MARISOL	
STREET ADDRESS	34600 SW 213 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Magaly Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 786-243-1755
Date Daytime Phone #