## 2004 FOR PROFIT CORPORATION

## May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000073417 05-03-2004 90413 037 \*\*\*150.00 FIGUERA'S GARDEN TRADING, INC. Principal Place of Business Mailing Address 11348 TORCHWOOD CT 11348 TORCHWOOD CT WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052004 City & State City & State 4. FEI Number Applied For 02-0697415 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Ceglificate of Status Desiged Fee Hagaired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUERA, ANDREINA Street Address (P.O. Box Number is Not Acceptable) 11348 TORCHWOOD CT WELLINGTON, FL 33414 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NARVAEZ, KATIUSKA J NAME NAME STREET ADDRESS STREET ADDRESS 11348 TORCHWOOD CT WELLINGTON, FL 33414 CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE FIGUERA, ANDREINA NAME NAME 11348 TORCHWOOD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP - Delate-TOLE - E Change --- E Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE NAME NAME

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED