

Oct 22 04 10:11a

Leader & Co, CPA - Paul Cox, CPA (305) 558-6703

P. 5


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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 DEC 20 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000083366					
1. Entity Name SOUTHERN GARDENS LANDSCAPE & DESIGN, INC.					
Principal Place of Business 15476 NW 77 COURT #413 MIAMI LAKES, FL 33016			Mailing Address 15476 NW 77 COURT #413 MIAMI LAKES, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FID Number 20-0126640	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEASE, JOSEPH 15476 NW 77 COURT #413 MIAMI LAKES, FL 33016			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 NAME STREET ADDRESS CITY - ST - ZIP	PT LEASE, JOSEPH 15476 NW 77 COURT #413 MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200042605332 11/09/04--01065--008 ***150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LEASE, HELEN 15476 NW 77 COURT #413 MIAMI LAKES, FL 33016	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 10/22/2004 786-223-0657 <small>Daytime Phone #</small>		

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BLADES OF GRASS
15476 N.W. 77TH COURT #413
MIAMI LAKES, FL 33016

October 22, 2004

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: 2004 For Profit Corporation Annual Report
Southern Gardens Landscape & Design, Inc.
Document #P03000083366**

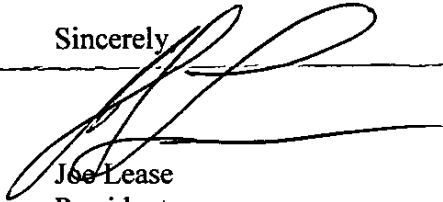
To Whom It May Concern:

Please be advised that the above referenced form, along with our payment of \$150.00, were mailed on April 22, 2004. For some reason the check never cleared the bank. The only notification that we have received is this card advising us of the dissolution of the corporation.

Please reinstate the corporation. We are enclosing another form, along with a replacement check.

Should you have any questions or concerns, please do not hesitate to contact me at (786) 223-0651.

Sincerely



Joe Lease
President