

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083866

FILED
Apr 27, 2004
Secretary of State

Entity Name: GARDENS R US, INC.

Current Principal Place of Business:

4801 S UNIVERSITY DR STE 127
DAVIE, FL 33328

New Principal Place of Business:

4541 N PINE ISLAND RD.
SUNRISE, FL 33351

Current Mailing Address:

4801 S UNIVERSITY DR STE 127
DAVIE, FL 33328

New Mailing Address:

4541 N. PINE ISLAND RD.
SUNRISE, FL 33351

FEI Number: 20-0106088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECHTER, SAMUEL
4801 S UNIVERSITY DR STE 127
DAVIE, FL 33328

Name and Address of New Registered Agent:

SCHECHTER, SAMUEL
4541 N. PINE ISLAND RD.
SUNRISE, FL 33351

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.

SIGNATURE: SAMUEL SCHECHETR

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHECHTER, SAMUEL
Address: 10195 SW 58 ST
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHECHTER, SAMUEL
Address: 4541 N. PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SCHECHETR

PR

04/27/2004

Electronic Signature of Signing Officer or Director

Date