

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 020 ***150.00

DOCUMENT # P03000084518

1. Entity Name
SAN MIGUEL NURSERY CORPORATION



Principal Place of Business
**19000 SW 256TH STREET
HOMESTEAD, FL 39031**

Mailing Address
**19000 SW 256TH STREET
HOMESTEAD, FL 39031**

50063081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0130568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, FIDEL
19000 SW 256TH STREET
HOMESTEAD, FL 39031**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GONZALEZ, FIDEL
19300 S.W. 218TH STREET
MIAMI, FL 33170** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fidel Gonzalez - Pres. 8-17-05

ATTACHMENT 50063081
Florida Department of State, Division of Corporations

Corporations Online
www.sunbiz.org **Public Inquiry**

Florida Profit

SAN MIGUEL NURSERY CORPORATION

PRINCIPAL ADDRESS
19000 SW 256TH STREET
HOMESTEAD FL 39031

MAILING ADDRESS
19000 SW 256TH STREET
HOMESTEAD FL 39031

Document Number
P03000084518

FEI Number
200130568

Date Filed
08/01/2003

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
GONZALEZ, FIDEL 19000 SW 256TH STREET HOMESTEAD FL 39031

Officer/Director Detail

Name & Address	Title
GONZALEZ, FIDEL 19300 S.W. 218TH STREET MIAMI FL 33170	PSTD

Annual Reports

Report Year	Filed Date
2004	05/04/2004

ATTACHMENT 50063081

#P0300084578

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

05/04/2004 -- ANN REP/UNIFORM BUS REP
08/01/2003 -- Domestic Profit

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