2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114198

1. Entity Name
A HEAVENLY GARDEN, INC.

Principal Place of Business	Mailing Address
21950 SW 177 AV GOULDS, FL 33170	15600 SW 288TH STREET #201 HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE

06302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0557035	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M
JAMES M. GUEST CPA, P.A.
15600 SW 288TH ST. #201
HOMESTEAD, FL 33033

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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

TITLE	PSD
NAME	EDWARDS, CARMEN
STREET ADDRESS	21950 SW 177TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33170

TITLE	VTD
NAME	EDWARDS, WILLIAM
STREET ADDRESS	21950 SW 177TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33170

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/05-80001-001 150.00

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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 #