

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90364 020 ***150.00

DOCUMENT # P03000114198



1. Entity Name
A HEAVENLY GARDEN, INC.

Principal Place of Business
**21950 SW 177 AV
GOULDS, FL 33170**

Mailing Address
**15600 SW 288TH STREET
#201
HOMESTEAD, FL 33033**



2. Principal Place of Business

3. Mailing Address

21950 SW 177 Ave

03232006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GOULDS, FL

Zip

Country

Zip

Country

33170

USA

4. FEI Number
20-0557035

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

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

Name

James M Guest CPA

Street Address (P.O. Box Number is Not Acceptable)

50 Kindred Street

Suite 201

City

Stuart

FL

Zip Code

34994

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)

3/23/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-28-06 30524776 28

Date

Daytime Phone #