

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT .**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P03000114198

1. Entity Name
A HEAVENLY GARDEN, INC.



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

Mailing Address
**21950 SW 177 AV
GOULDS, FL 33170**



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0557035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUEST, JAMES M CPA
50 KINDRED STREET
SUITE 201
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 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
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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000663041
03/21/07-80038-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3-8-07 305-2477628

Date Daytime Phone #