


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90038 012 ***150.00

DOCUMENT # P03000149265	
1. Entity Name ALYS GARDEN, CORP.	

Principal Place of Business 12805 SW 76TH TERRACE MIAMI FL 33183	Mailing Address 12805 SW 76TH TERRACE MIAMI FL 33183
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94040739



MOORE CR2E034 (11/03)

2. Principal Place of Business 5800 SW 102 Ave	3. Mailing Address 5800 SW 102 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33173	Zip 33173
Country Dade	Country Dade

4. FEI Number 20-0483541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ALBERTO 12805 SW 76TH TERRACE MIAMI FL 33183	
7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ, ALBERTO 12805 SW 76TH TERRACE MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alberto Rodriguez **3/25/04 305)279-1005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #