

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90292 034 \*\*\*158.75

<b>DOCUMENT # P03000152797</b>						
<b>1. Entity Name</b> AGUNDIS NURSERY, CORP						
<b>Principal Place of Business</b> 15401 SW 260 STREET HOMESTEAD, FL 33032			<b>Mailing Address</b> 28501 SW 152 AVENUE LOT 78 HOMESTEAD, FL 33033			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 15401 SW 260 ST  Suite, Apt. #, etc.				
<b>City &amp; State</b>  City: _____ State: _____		<b>City &amp; State</b> HOMESTEAD FL		<b>4. FEI Number</b> 20-0495014		
<b>Zip</b> _____		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  AGUNDIS, LEONICIO 28501 SW 152 AVENUE LOT 78 HOMESTEAD, FL 33033			<b>7. Name and Address of New Registered Agent</b>  Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> Zip Code: _____			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> AGUNDIS, LEONICIO		<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Agundis, Leoncio	
<b>STREET ADDRESS</b> 28501 SW 152 AVENUE LOT 78	<b>CITY-ST-ZIP</b> HOMESTEAD, FL 33033		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 15401 SW 260 Street	<b>CITY-ST-ZIP</b> Homestead, Florida 33032-6211	
<b>TITLE</b> T	<b>NAME</b> AGUNDIS, LEONICIO		<input type="checkbox"/> Delete	<b>TITLE</b> T	<b>NAME</b> Agundis, Leoncio	
<b>STREET ADDRESS</b> 28501 SW 152 AVENUE LOT 78	<b>CITY-ST-ZIP</b> HOMESTEAD, FL 33033		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 15401 SW 260 Street	<b>CITY-ST-ZIP</b> Homestead, Florida 33032-6211	
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<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<b>NAME</b> _____	
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____	
<b>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.</b>						
<b>SIGNATURE:</b> <i>Leoncio Agundis</i>				<b>4-10-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		

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