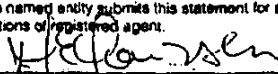
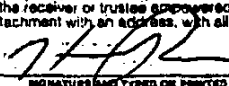


2006 FOF, PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-27-2006 90275 035 ***150.00

DOCUMENT # P04000009505			
1. Entity Name BOYNTON GARDEN CENTER, INC.			
Principal Place of Business 10438 HAGEN RANCH RD BOYNTON BEACH, FL 33437		Mailing Address 10438 HAGEN RANCH RD BOYNTON BEACH, FL 33437	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0597056		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, MARIA E 10438 HAGEN RANCH RD BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Hector E Rivera Street Address (P.O. Box Number is Not Acceptable) 5819 Thisle Dow Ct West Palm Beach FL 33415 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  JAN 01 2006 Signature, typed or printed name of registered agent and title of address (NOTE: Registered Agent signature required when re-electing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALES, MARIA E 10438 HAGEN RANCH RD BOYNTON BEACH, FL 33437 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hector E Rivera (P) 5819 Thisle Dow Ct West Palm Beach FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Martha B Rivera (V) 742 Cresta Circle West Palm Beach, FL 33413 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date: _____	