

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -4 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037315

1. Entity Name  
FLORIDA GARDEN SUPPLIES, INC.



Principal Place of Business  
2748 W 79 ST  
HIALEAH, FL 33016

Mailing Address  
2748 W 79 ST  
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #  
2692 W 79 ST  
Suite, Apt. #, etc.

3. Mailing Address  
2692 W 79 ST  
Suite, Apt. #, etc.



08202007 Chg-P CR2E034 (12/06)

City & State  
Hialeah FL  
Zip  
33016 Country  
USA

City & State  
Hialeah FL  
Zip  
33016 Country  
USA

4. FEI Number  
20-0829005 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY  
2748 W 79 ST  
HIALEAH, FL 33016

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2692 W 79 ST  
City Hialeah FL Zip Code  
33016

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 \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SALCERIO, SURELYS  
STREET ADDRESS 2748 W 79 ST  
CITY-ST-ZIP HIALEAH, FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Surelys Salcerio  
STREET ADDRESS 2692 W 79 ST  
CITY-ST-ZIP Hialeah FL 33016

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

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

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

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

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

08/20/07 305 556 9099  
Date Daytime Phone #