

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068429

1. Entity Name
JAZMIN NURSERY CORP.



FILED

05 SEP 15 AM 10:09

SECRETARY OF STATE **50066803**
TALLAHASSEE, FLORIDA



Principal Place of Business
30330 SW 161 COURT
HOMESTEAD, FL 33033 US

Mailing Address
30330 SW 161 COURT
HOMESTEAD, FL 33033 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242005 Chg-P CR2E034 (10/03)

4. FEI Number

13-4303616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, MATTHEW
404 WEST PALM DRIVE
FLORIDA CITY, FL 33034

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

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRES
VENNER, JORGE
30330 SW 161 COURT
HOMESTEAD, FL 33033

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

600059793846
09/20/05--01058--017 **150.00

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-12-05

305-2420353

ATTACHMENT

50066803

DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
OCEAN TOURS FLORIDA INC
DOCUMENT# P04000068429

August 17, 2005

To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00. I am filling along with this annual report an amendment to my Corporation to make a change on the name of my corporation for a new name and New address:

JAZMIN NURSERY CORP.
30330 SW 161 CT
HOMESTEAD, FL 33030
REGISTERED AGENT—
JORGE VENNER

I feel sorry for any inconvenience.

If you have any question does not hesitate to contact me at (305)242-0353

Sincerely,



JORGE VENNER
PRESIDENT