

2004

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P04000088931

G & M NURSERY, INC



Principal Place of Business Mailing Address

P.O. Box 297192
PEMBROKE PINES, FL 33029

2. Principal Place of Business

P.O. Box 297192

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

4. FEI Number

56-2465018

Applied For

Not Applicable

Zip

33029

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

OLVARO GARIBELLO

Street Address (P.O. Box Number is Not Acceptable)

4404 S.W. 160 AVENUE AP 818

City

MIAMI

FL

Zip Code 33027

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 necessary)

DATE

10-11-2005

FILE NOW!!! FEES \$45.00
After May 15, 2005 Fee \$55.00
Amended UBR is \$6.75
Make check payable to Florida Department of State9. 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OLVARO GARIBELLO 4404 S.W. 160 AVENUE MIAMI - FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060886817 10/17/05--01067--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FRANK M HARKEN 18757 S.W. RANCH 79 ST FT LAUDERDALE, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

10-11-2005 (954) 822-9995

Date

Cayman Phone #

CR2E034 (10/02)

Miami, FI October 11, 2005

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FI 32302-1500

REF: G & M NURSERY, INC.

DOCUMENT NUMBER P04000088931

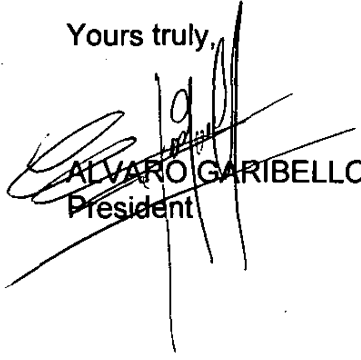
Dear Sir or Madam:

I wish to inform you that I never received the 2005 Uniform Business Report for
G & M NURSERY, INC

I have only now realized that I owe the 2004 fees, and respectfully request that
G & M NURSERY, INC be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,


ALVARO GARIBELLO
President