


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 036 ***150.00

DOCUMENT # P04000141642 1. Entity Name ERA GARDEN & GIFTS, INC.					
Principal Place of Business 240 N DIXIE HIGHWAY BAY 18 HOLLYWOOD, FL 33020 US			Mailing Address PO BOX 221263 HOLLYWOOD, FL 33022 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01122005 Chg-P CR2E034 (10/03)				4. FEI Number 20-1739535	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHERIDAN, HUMBERTO A 240 N DIXIE HIGHWAY BAY 18 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SHERIDAN, HUMBERTO A 240 N DIXIE HIGHWAY BAY 18 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEVY, ELIAS 18671 COLLINS AVENUE #3002 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVY, RAFAEL 3500 MYSTIC POINTE DRIVE #513 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
5/31/05 305 725 3592 <small>Date Daytime Phone #</small>					

ATTACHMENT

40087665

5/30/05

Division of Corporation. # P04000141642
to whom ever it may concern.

hello. I spoke to somebody on
the phone today 1.850.245.6056 EXT. #4
about a waiver, because IT'S the first
time I receive a music report and
he told me to send the check and.
this note to you, for a waiver, since
~~IT'S~~ I've been in business only for
six months and would really appreciate
it you can help me out.

Thank you for your help &
understanding.

Humberto A. Sheridan

