


FILED
Feb 20, 2006 8:00 am
Secretary of State

DOCUMENT # P05000069126

1. Entity Name
GARDENS INSURANCE INC.



Principal Place of Business	Mailing Address
1818 N.W. 183RD STREET MIAMI GARDENS, FL 33056 US	3252 FOXCROFT ROAD APT.#316 MIRAMAR, FL 33025 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		Name
MILLER, EVETTE J 3252 FOXCROFT ROAD APT.#316 MIRAMAR, FL 33025		Street Address
		City

01072006 Chq-P CR2E034 (11/05)

4. FEI Number 42-1668472	Applied For
	Not Applicable

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

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 Evette J Miller (NOTE: Registered Agent signature required when reinstating) DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, EVETTE J 3252 FOXCROFT ROAD #316 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Evette J Miller (305) 621-0072