

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90031 007 \*\*\*150.00

**DOCUMENT # P05000069126**

1. Entity Name  
**GARDENS INSURANCE INC.**



Principal Place of Business  
**1818 N.W. 183RD STREET  
MIAMI GARDENS, FL 33056 US**

Mailing Address  
**3252 FOXCROFT ROAD  
APT.#316  
MIRAMAR, FL 33025 US**

**60027944**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**20225 NW 32 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

City & State  
**Miami Gardens, FLA**

4. FEI Number  
**42-1668472**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33056**

Country  
**USA**

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

**MILLER, EVETTE J  
3252 FOXCROFT ROAD  
APT.#316  
MIRAMAR, FL 33025**

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]*

(NOTE: Registered Agent signature required when registering)

**3/9/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. 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 **P** ☐ Delete  
NAME **MILLER, EVETTE J**  
STREET ADDRESS **3252 FOXCROFT ROAD #316**  
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Change ☐ Addition  
NAME **20225 NW 32 Avenue**  
STREET ADDRESS **Miami Gardens, FLA 33056**  
CITY-ST-ZIP **33056**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

**3/9/07 9544450935**

Date

Daytime Phone #