

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000115255

1. Entity Name
BGS GARDEN SUPPLY CORP



Principal Place of Business

**14220 SW 36 STREET
MIAMI, FL 33175 US**

Mailing Address

**14220 SW 36 STREET
MIAMI, FL 33175 US**



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3388520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTELLANOS, NEYDA
14220 SW 36 STREET
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000731283

05/08/07-80116-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTELLANOS, NEYDA
STREET ADDRESS	14220 SW 36 STREET
CITY-STATE-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	MORERA, ODALYS
STREET ADDRESS	2997 SW VENTURA STREET
CITY-STATE-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

04-20-07
Date

(305) 871-1133
Daytime Phone #