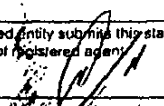


FILED
Jun 09, 2008 8:00 am
Secretary of State

05-14-2008 90019 020 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 4301 COLLINS AVE		3. Mailing Address 4301 COLLINS AVE	
Suite, Apt. #, etc. 1505		Suite, Apt. #, etc. 1505	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33141		Zip 33141	
Country DADE		Country DADE	
4. FEI Number 20-3388520		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTELLANOS, NEYDA 14220 SW 36 STREET MIAMI, FL 33175		7. Name and Address of New Registered Agent Name CASTELLANOS, NEYDA Street Address (P.O. Box Number is Not Acceptable) 4301 COLLINS AVE # 1505 City MIAMI BEACH FL Zip Code 33141	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May-1, 2008 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 NAME CASTELLANOS, NEYDA STREET ADDRESS 14220 SW 36 STREET CITY - ST - ZIP MIAMI, FL 33175 ☐ Delete		TITLE P NAME CASTELLANOS, NEYDA ☒ Change ☐ Addition STREET ADDRESS 4301 COLLINS AVE # 1505 CITY - ST - ZIP MIAMI BEACH FL 33141	
TITLE VP NAME MORERA, ODALYS STREET ADDRESS 2997 SW VENTURA STREET CITY - ST - ZIP PORT SAINT LUCIE, FL 34953 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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: 		06-04-08 (305) 871-1133 Date Daytime Phone #	