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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

66013710

Principal Place of Business	Mailing Address
14220 SW 36 STREET MIAMI, FL 33175 US	14220 SW 36 STREET MIAMI, FL 33175 US

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6301 COLLINS AVE	6301 COLLINS AVE
Suite, Apt. #, etc. 1505	Suite, Apt. #, etc. 1505
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33141 Country DADE	Zip 33141 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	7. Name and Address of New Registered Agent
CASTELLANOS, NEYDA 14220 SW 36 STREET MIAMI, FL 33175	Name CASTELLANOS, NEYDA Street Address (P.O. Box Number is Not Acceptable) 6301 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
Signature of new or updated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTELLANOS, NEYDA 14220 SW 36 STREET MIAMI, FL 33175	☐ Delete	P. CASTELLANOS, NEYDA 6301 COLLINS AVE # 1505 MIAMI BEACH FL 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORERA, ODALYS 2997 SW VENTURA STREET PORT SAINT LUCIE, FL 34953	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #