2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 08:00 AM Secretary of State

DOCUMENT # P9200000359	ENT # P9200000359	١	ЛE	J١	OCI	D
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18295 S.W. 100TH ST.

MIAMI, FL 33196

SAN GERMAN NURSERY INCORPORATED

Principal Place of Business Mailing Address

18295 S.W. 100TH ST.

MIAMI, FL 33196



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01132004 No Chg-P

4. FEI Number 65-0372591		Applied For Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

ACOSTA, BENY 18295 S.W. 100TH ST. MIAMI, FL 33196

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and fillio it	applicable (NOTE. R	egislered Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	000000031339 02/04/04-80147-003 150.00			
10.	OFFICERS AND DIREC	TORS .		-				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D ACOSTA, BENY 18295 S.W. 100TH ST. MIAMI, FL 33196							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, .	- "	IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby of indicated of the corr changed,	certify that the information supplied with this fill on this report or supplemental report is true ap poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the nd accurate and that my s to execute this report as other like empowered.	e exemption stated signature shall hav required by Chapt	in Section 119.07(3)(e the same legal effec er 607, Florida Statute	i), Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if			

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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