

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 JUN -6 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021233

1. Entity Name  
GMH/GARDEN SHOPS AT BOCA, INC.



Principal Place of Business  
1541 SUNSET DR.  
SUITE 300  
CORAL GABLES, FL 33143

Mailing Address  
1541 SUNSET DR.  
SUITE 300  
CORAL GABLES, FL 33143

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03) *m*

4. FEI Number  
65-0638226

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HIGIER, GERALD M  
1541 SUNSET DR.  
SUITE 300  
CORAL GABLES, FL 33143

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

300054279653  
05/11/05--01042--003 \*\*587.50

\$61.25

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIGIER, GERALD M
STREET ADDRESS	1541 SUNSET DR., STE. 300
CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300054279653  
06/14/05--01054--007 \*\*88.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

*Gerald M. Higier* Gerald M. Higier 4/13/05 905-666-2140