

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 13, 2005 8:00 am
Secretary of State

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07082005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000082185 1. Entity Name MARRERO & SON NURSERY, INC.					
Principal Place of Business P.O. BOX 971462 MIAMI, FL 33157			Mailing Address P.O. BOX 971462 MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0670177	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARRERO, GERARDO 6490 SW 130 AVENUE APT 4 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRERO, GERARDO PO BOX 971462 MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARRERO, NORMA L PO BOX 971462 MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRERO, SANDRA P.O. BOX 971462 MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
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 # _____					