


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000061460</b>	
1. Entity Name <b>VEGA &amp; SONS TREE FARM, INC.</b>	

Principal Place of Business <b>1034 "B" ROAD LOXAHATCHEE, FL 33470</b>	Mailing Address <b>1034 "B" ROAD LOXAHATCHEE, FL 33470</b>
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0688821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VEGA, JOSE A 1054 "B" ROAD LOXAHATCHEE, FL 33470</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VEGA, JOSE A 1054 "B" ROAD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA, LEONARDO J 12604 BUCKLAND ST. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEGA, JAVIER 12604 BUCKLAND ST. WELLINGTON, FL 33414
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**DO NOT WRITE IN THIS SPACE**

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04/16/04-80066-023 150.00

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 thereto, as required, with all other like empowered.

SIGNATURE: 	<b>4-12-04</b> <b>795-5977</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>