2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000003145

1. Entity Name
GARDEN DEPOT CORP.

Principal Place of Business	Mailing Address
19000 SW 192 ST. MIAMI, FL 33187	19000 SW 192 ST. MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0773530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIEL M
19000 SW 192 ST.
MIAMI, FL 33187

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000102085
04/02/04-80039-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, ALBERTO
STREET ADDRESS	30545 SW 193 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	DV
NAME	RODRIGUEZ, ESTEBAN
STREET ADDRESS	16451 NW 84 AVE.
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	DT
NAME	RAMALLO, ANA T
STREET ADDRESS	541 SW 125 AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	DS
NAME	RODRIGUEZ, DANIEL M
STREET ADDRESS	7560 SW 67 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _____ 3-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #