

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # P97000003145 1. Entity Name GARDEN DEPOT CORP.	
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Principal Place of Business
**19000 SW 192 ST.
MIAMI, FL 33187**Mailing Address
**19000 SW 192 ST.
MIAMI, FL 33187****DO NOT WRITE IN THIS SPACE**

03062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0773630Applied For
Not Applicable5. 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****DO NOT WRITE
IN THIS SPACE**

6. 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 _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ALBERTO 30545 SW 193 AVE. HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, ESTEBAN 18461 NW 84 AVE. MIAMI, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMALLO, ANA T 541 SW 126 AVE MIAMI, FL 33184
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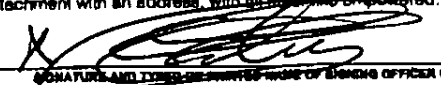
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, DANIEL M 7560 SW 87 ST MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/30/07-80049-020 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Received Time-Mar. 6-10:08AM