
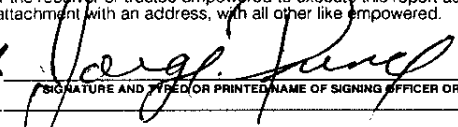


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90014 050 ***150.00

DOCUMENT # P98000035775 1. Entity Name SALVADOR NURSERY, INC.					
Principal Place of Business 16680 S.W. 232 STREET MIAMI, FL 33170			Mailing Address 16680 S.W. 232 STREET MIAMI, FL 33170		
2. Principal Place of Business 3740 S.W. 128TH AVE			3. Mailing Address 3740 S.W. 128TH AVE.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FLORIDA 33175			City & State MIAMI, FLORIDA 33175		
Zip USA			Zip USA		
4. FEI Number 65-0835056			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PRINCE, JORGE 16680 S.W. 232 STREET MIAMI, FL 33170			7. Name and Address of New Registered Agent Name PRINCE, JORGE Street Address (P.O. Box Number is Not Acceptable) 3740 S.W. 128TH AVENUE MIAMI, FLORIDA 33175 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRINCE, JORGE 16680 S.W. 232 STREET MIAMI, FL 33170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRINCE, JORGE 3740 S.W. 128TH AVE MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/29/04 Daytime Phone # 786-236-4691					

54054269



04212004 Chg-P CR2E034 (10/03)