


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90068 026 \*\*\*158.75

**60017651**

DOCUMENT # P98000079759 1. Entity Name  EAST GLADES NURSERY, INC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 16101 S.W. 197 Ave Suite, Apt #, etc.	3. Mailing Address P.O. Box 650487 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE


City & State Miami, Florida 33187	City & State Miami, Florida 33265	4. FEI Number 65-0870276	Applied For <input type="checkbox"/> Not Applicable
Zip 33187	Country Dade	Zip 33265	Country Dade

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name RAMON A. GOMEZ	
Street Address (P.O. Box Number is Not Acceptable) 16101 SW 197 Avenue	
City Miami	FL Zip Code 33187

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: 02-06-06

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMON A. GOMEZ - D 16101 SW 197 Ave Miami, Florida 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowers.

SIGNATURE:  DATE: 02-06-06 305-257-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)