

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041342

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BELMONTES NURSERY CORP.

## Current Principal Place of Business:

28622 SW 147 CT.  
HOMESTEAD, FL 33033

## New Principal Place of Business:

25001 SW 137TH AVE  
HOMESTEAD, FL 33032

## Current Mailing Address:

28622 SW 147 CT.  
HOMESTEAD, FL 33033

## New Mailing Address:

FEI Number: 65-0919728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OCHOA, VICTOR H  
30511 SW 149 AVE  
HOMESTEAD, FL 33033      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: BELMONTES, AMANDO  
Address: 28622 SW 147 CT.  
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD      ( ) Delete  
Name: SOTO, LEONOR F  
Address: 28622 SW 147 CT.  
City-St-Zip: HOMESTEAD, FL 33033

Title: SD      ( ) Delete  
Name: BELMONTES, ROCIO  
Address: 28622 SW 147 CT.  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCIO BELMONTES

SD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date