



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P99000084394 1. Entity Name V & L REDLAND NURSERY, INC. |  |
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| Principal Place of Business 27200 SW 157TH AVENUE HOMESTEAD, FL 33031 | Mailing Address 27200 SW 157TH AVENUE HOMESTEAD, FL 33031 |
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DO NOT WRITE IN THIS SPACE

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| 04132004 | No Chg-P CR2E034 (10/03) |
| 4. FEI Number 65-0953908 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MAURY, VIVIAN 27200 SW 157TH AVENUE HOMESTEAD, FL | DO NOT WRITE IN THIS SPACE |
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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.


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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when retreating) | DATE _____ |
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| 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 | U000000121235 04/20/04-80042-011 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MAURY, VIVIAN 27200 SW 157TH AVENUE HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PUENTES, LOURDES 27200 SW 157TH AVENUE HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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)(f), 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.

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|---|---------------------------------------|
| SIGNATURE:  | <i>Vice Pres</i> 4-13-04 786-482-2195 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |