

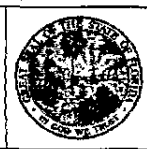
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

*Please  
attach  
\$400 penalty  
since not  
paid*

**FILED**  
May 12, 2005 08:00 AM  
Secretary of State

*\$158.75*

**DOCUMENT # P99000084394**  
1. Entity Name  
V & L REDLAND NURSERY, INC.



Principal Place of Business  
27200 SW 157TH AVENUE  
HOMESTEAD, FL 33031

Mailing Address  
27200 SW 157TH AVENUE  
HOMESTEAD, FL 33031



05102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
65-0953908

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAURY, VIVIAN  
27200 SW 157TH AVENUE  
HOMESTEAD, FL

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000366356  
05/12/05-80010-006 158.75

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	VO PUENTES, LOURDES 27200 SW 157TH AVENUE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Vicelmas* **5-805 480-2195**  
Date Daytime Phone #