2004 FC

## IT CORPORATION L REPORT

## 

Entity Name
 LA VICTORIA NURSERY GROUP, INC.

**FILED** 

Mar 08, 2004 08:00 AM Secretary of State

Principal Place of Business

20425 S.W. 296 STREET MIAMI, FL 33030

Mailing Address 20425 S.W. 296 STREET MIAMI, FL 33030

## DO NOT WRITE IN THIS SPACE

03032004 No Cng-P	CR2E034	CR2E034 (10/03)	
4. FEI Number		Applied For	
65-0869306		Not Applicable	
5. Certificate of Status Desire		\$8.75 Additional Fee Required	

%F55,,,,5/4/0F&

6. Name and Address of Current Registered Agent

DE ROJAS, CARLOS M 20425 S.W. 296 STREET MIAMI, FL 33030

SIGNATURE: \_\_

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	ne purposé of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and	title if applicable (NOTE Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	1	cing \$5.00 May Be	
10. OFFICERS AND DI	RECTORS		
NAME MENENDEZ, HERMINIO STRET ADDRESS CITY-ST-ZIP MIAMI, FL 33030		·	U00000081589
TITLE D NAME MENENDEZ, TERESA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33030	:		U00000081589 03/08/04-80155-017 150.00
TITLE NAME STREET ADDRESS CXTY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS C/TY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STRIET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empowers anged, or on an attachment with an address, with the corporation of the receiver or trustee.	his filling does not qualify for the exerue and accurate and that my signatered to execute this report as required to the like empowered.	mption stated in Section 119.07(3 ure shall have the same legal effe red by Chapter 607, Florida Statut	(i), Florida Statutes. I further certify that the information cf as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

TED NAME OF SIGNING OFFICER OR DIRECTOR