

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2005 08:00 AM  
Secretary of State

**DOCUMENT # V05494**

1. Entity Name  
**H & H FARMS NURSERY CORPORATION**



Principal Place of Business  
**18401 W OKEECHOBEE RD  
MIAMI, FL 33015**

Mailing Address  
**18401 W OKEECHOBEE RD  
MIAMI, FL 33015**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0300229**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**HERNANDEZ, PEDRO L  
18401 W OKEECHOBEE RD  
MIAMI, FL 33015**

**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 *[Signature]* **4-25-05**  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, PEDRO L.
STREET ADDRESS	5070 W 8TH AVE
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	D
NAME	HERNANDEZ, RICARDO J.
STREET ADDRESS	2627 W 10TH AVE
CITY - ST - ZIP	HIALEAH, FL 33010
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]* **4-25-05**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #