

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065102

Entity Name: LA CEIBA NURSERY, INC.

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

13515 NW 42ND AVE  
MIAMI, FL 33054

**New Principal Place of Business:**

20201 S.W. 288 ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

19253 NW 48TH AVE  
MIAMI, FL 33055

**New Mailing Address:**

20201 S.W. 288 ST  
HOMESTEAD, FL 33030

FEI Number: 65-1117467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTAGENA, RAFAEL  
19253 NW 48TH AVE  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

CARTAGENA, RAFAEL  
20201 S.W. 288 ST  
HOMESTEAD, FL 33030 US

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

01/29/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARTAGENA, RAFAEL  
Address: 19253 NW 48TH AVE  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CARTAGENA, RAFAEL  
Address: 20201 SW 288 ST  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAFAEL CARTAGENA

PD

01/29/2007

Electronic Signature of Signing Officer or Director

Date