

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031778

FILED
Aug 18, 2005
Secretary of State

Entity Name: "R" COLLECTIONS NURSERY INC.

Current Principal Place of Business:

3550 S. FLAMINGO ROAD
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3550 S. FLAMINGO ROAD
DAVIE, FL 33330

New Mailing Address:

FEI Number: 59-3785588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPELL, KAREN R
2525 EMBASSY DRIVE #2
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUINTEROS, MAURO R
Address: 7111 COOLIDGE STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: DV () Delete
Name: PESTEROS, STUART
Address: 7889 NW 17TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: PESTER, STUART
Address: 7889 NW 17TH PLACE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STUART PESTER

DV

08/18/2005

Electronic Signature of Signing Officer or Director

Date