

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000031778

**FILED**  
**Apr 11, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

**Title:** DV  
**Name:** PESTER, STUART  
**Address:** 7889 NW 17TH PLACE  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

**SIGNATURE:** STUART PESTER

VP

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date