2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# P96000037557

Entity Name: E. MARTINEZ NURSERY INC.

Current Principal Place of Business:

18420 SW 122 STREET
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

18420 SW 122 STREET
MIAMI, FL 33187

New Mailing Address:

FEI Number: 65-0682310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLSON, LINDA H ESQ
145 CURTISS PARKWAY
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

MARITINEZ, CRISPINA E
8910 SW 186 TERRACE
MIAMI, FL 33157 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: CRISPINA E MARTINEZ 05/12/2009
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: P ( ) Delete
Name: MARTINEZ, CRISPINA E
Address: 8910 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: MARTINEZ, NAIVI
Address: 8910 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: MARTINEZ, LAZARO W
Address: 8910 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CRISPINA E MARTINEZ PRES 05/12/2009
Electronic Signature of Signing Officer or Director Date