

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 481925

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** CINDERELLA NURSERY, INC.

**Current Principal Place of Business:**

2335 W. 12 AVENUE  
HIALEAH, FL 33010

**New Principal Place of Business:**

2335 WEST 12 AVENUE  
HIALEAH, FL 33010

**Current Mailing Address:**

8758 SW 8TH STREET  
MIAMI, FL 33174

**New Mailing Address:**

2335 WEST 12 AVENUE  
HIALEAH, FL 33010

**FEI Number:** 59-1616946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILA, JOSE  
5730 W. 12TH LANE  
HIALEAH, FL 33012 US

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

VILA, JOSE  
5730 W. 12 LANE  
HIALEAH, FL 33012 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

04/29/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILA, JOSE  
Address: 5730 W 12 LANE  
City-St-Zip: HIALEAH, FL 33010

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

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: JOSE VILA

Electronic Signature of Signing Officer or Director

PD

04/29/2009

Date