

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 484479**  
 1. Entity Name  
**BENJAMINA NURSERY FARM, INC.**



Principal Place of Business      Mailing Address  
 15901 SW 177 AVE      15901 SW 177 AVE  
 MIAMI, FL 33187      MIAMI, FL 33187

**DO NOT WRITE IN THIS SPACE**



01282007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1625243**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SANCHEZ, MANUEL**  
 11905 S.W. 47TH STREET  
 MIAMI, FL 33147

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

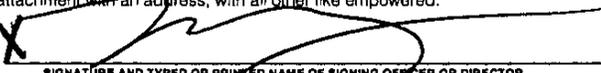
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, MANUEL JR 11905 SW 47 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCO, MARIA S 15901 SW 177 AVE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633799  
 02/21/07-80077-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       **11/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #