2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED	
DOCUMENT # 580138 1. Entity Name OASIS NURSERY, INC.				Apr 16, 2007 08:00 A Secretary of State	
16835 SW 192 ST 1		Mailing Address 18345 S.W. 206TH ST. MIAMI, FL 33187-3319	1	T THE TO THE TRUE OF THE TRUE TO THE TOTAL CONTRACTOR TO THE TRUE TO THE TRUE TO THE TRUE TO THE TRUE TO THE T	
C		E IN THIS SPA	CE O1112007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0367253 S. Certificate of Status Desired S. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent TANNENBAUM, EUGENE 6230 SW 83 AVE MIAMI, FL 33143			DO NOT WRITE IN THIS SPACE		
A. 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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent algnature required when reinstating)  DATE  FILE NOW111 FEE IS \$150.00  After May 1, 2007 Fee with be \$550.00  Submit After May 1, 2007 Fee with be \$550.00  Submit After May 1, 2007 Fee with be \$550.00  Submit After May 1, 2007 Fee with be \$550.00  Submit After May 1, 2007 Fee With Be \$550.00  After May 1, 2007 Fee With Be \$550.00  Submit After May 1, 2007 Fe					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD TANNENBAUM, REBECCA G 18345 S.W. 206TH STREET MIAMI, FL SD TANNENBAUM, DUANE H. 18345 S.W. 206TH STREET MIAMI, FL	ND DIRECTORS			NOT WRITE THIS SPACE
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 stacute 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:					

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