2008 FOR PROFIT CORPORATION				FILED Apr 28, 2008 08:00 AN Secretary of State			
DOCUMENT # 580138 1. Entity Name OASIS NURSERY, INC.					S	ecretary	of State
Principal Place of Business Mailing Address 16835 SW 192 ST 18345 S.W. 206TH ST. MIAMI, FL 33187-3319 MIAMI, FL 33187-3319		8345 S.W. 206TH ST.	4				
DO NOT WRITE IN THIS SPACE				03212008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0367253 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TANNENBAUM, EUGENE 6230 SW 83 AVE MIAMI, FL 33143					NOT WI HIS SP		
SIGNATURE							
FILE NOW!!! FEE 1S \$150.00 9. Election Campaign Financing \$5.0 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Addee				00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIREC PD TANNENBAUM, REBECCA G. 18345 S.W. 206TH STREET	CTORS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL SD TANNENBAUM, DUANE H. 18345 S.W. 206TH STREET MIAMI, FL			ł	U000009 05/20/08-8	27313 20099-015 15	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_			!
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
TITLE NAME Street Address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							
SIGNAT		NAME OF BIGHING OFFICER OR DIRECT	TOR	4-24-0	Deta	305)238 - Daytime Phone (- 4859

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