

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 663900

FILED
Jan 19, 2009
Secretary of State

Entity Name: TRIPLE O NURSERY FARMS, INC.

Current Principal Place of Business:

14750 SW 248 STREET
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

14750 SW 248 STREET
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 59-2079493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAURY DOMINGUEZ
26700 SW 174 PLACE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DOMINGUEZ, OBDULIA
Address: 24450 SW 152 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: PD () Delete
Name: DOMINGUEZ, AMAURY
Address: 26700 SW 174 PLACE
City-St-Zip: HOMESTEAD, FL 33031

Title: VD () Delete
Name: DOMINGUEZ, OSCAR
Address: 24450 SW 152 AVE
City-St-Zip: HOMESTEAD, FL 33032

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: AMAURY DOMINGUEZ

PD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date