


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 697818 1. Entity Name TAPANES & SONS NURSERY, INC.	
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Principal Place of Business 8743 NW 140 LANE HIALEAH, FL 33018	Mailing Address 8743 NW 140 LANE HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2109818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TARRADEEL, EUSEBIO F
4840 NW 184TH TERRACE
MIAMI, FL 33055**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, ALINA 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAPANES, ARMANDO JR. 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALVAREZ, RAFAEL L 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORGES, JORGE A 8743 NW 140 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/24/08-80021-007 150.00

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: Alina Borges **ALINA BORGES, PRESIDENT** 1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #