2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F86659

Entity Name: SABREENA'S GARDEN NURSERY, INC.

Current Principal Place of Business:

5130 S.W. 208TH LANE
FORT LAUDERDALE, FL 33332

New Principal Place of Business:

17825 STATE ROAD 80
CLEWISTON, FL 33440

Current Mailing Address:

HC01 BOX 455
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 59-2214285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OJEDA, PEDRO P
5120 SW 208TH LANE
FT. LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

OJEDA, PETER P
HC01 BOX 455
MOORE HAVEN, FL 33471 US

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: PETER P OJEDA 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: OJEDA, THERESA J,
Address: 5120 S.W. 208TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: T ( ) Delete
Name: OJEDA, GLADYS,
Address: 5130 S.W. 208TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: P (X) Delete
Name: OJEDA, PEDRO R,
Address: 5130 S.W. 208TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: V ( ) Delete
Name: OJEDA, PEDRO P,
Address: 5120 S.W. 208TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: OJEDA, THERESA J,
Address: HC01 BOX 455
City-St-Zip: MOORE HAVEN, FL 33471

Title: T (X) Change ( ) Addition
Name: OJEDA, GLADYS,
Address: HC01 BOX 455
City-St-Zip: MOORE HAVEN, FL 33471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: OJEDA, PETER P,
Address: HC01 BOX 455
City-St-Zip: MOORE HAVEN, FL 33471

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: PETER P OJEDA P 01/08/2008
Electronic Signature of Signing Officer or Director Date