

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06111

FILED
Jun 29, 2009
Secretary of State

Entity Name: BENT PALM NURSERY, INC.

Current Principal Place of Business:

32855 SW 217 AVE
MIAMI, FL 33034

New Principal Place of Business:

32855 SW 217 AVE
HOMESTEAD, FL 33034

Current Mailing Address:

32855 SW 217 AVE
MIAMI, FL 33034

New Mailing Address:

32855 SW 217 AVE
HOMESTEAD, FL 33034

FEI Number: 59-2230782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, HERBERT
7421 SW 131ST STREET
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZ, MARK
Address: 32855 SW 217 AVE
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: KATZ, HERBERT
Address: 7421 SW 131ST STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK KATZ

P

06/29/2009

Electronic Signature of Signing Officer or Director

Date