


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J75648	
1. Entity Name ROSE GARDEN NURSERY CORPORATION	

Principal Place of Business % ROBERTO PANDO 6401 SW 118TH AVE MIAMI, FL 33183	Mailing Address % ROBERTO PANDO 287 LAS BRISAS CT MIAMI GABLES, FL 33143-6500
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01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0016365	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 PANDO, ROBERTO 6401 SW 118TH AVE MIAMI, FL 33183
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**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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	DP PANDO, ROBERTO 6401 SW 118TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANDO, EMILIO 6401 SW 118 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANDO, ROSE ELENA 6401 SW 118 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANDO, CARMELA 6401 SW 118 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000809370
02/08/08-80020-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 information empowered.

SIGNATURE: 	OWNER 	1/25/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>