


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

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| DOCUMENT # K83010 1. Entity Name URRA NURSERY, INC. |  |
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| Principal Place of Business C/O PAUL URRRA 20850 S.W. 216 ST MIAMI, FL 33170 | Mailing Address C/O PAUL URRRA 20850 S.W. 216 ST MIAMI, FL 33170 |
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02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0123175 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

URRA, RAUL
20850 SW 216 ST
MIAMI, FL 33170

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 PAUL URRRA (NOTE: Registered Agent signature required when reinstating) DATE 3/24/08

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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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD URRA, RAUL 23250 SW 212 AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD URRA, MAGALYS 23250 SW 212 AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD URRA, RAUL, JR. 23250 SW 212 AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD URRA, YOEL L. 23250 SW 212 AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000872186
04/10/08-80029-008 150.00

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: [Signature] DATE 3/24/08 (305) 242-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR