

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01999

FILED
Mar 24, 2009
Secretary of State

Entity Name: ACOSTA BRAIDS NURSERY INC.

Current Principal Place of Business:

21001 SW 172 AVE
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

21001 SW 172 AVE
MIAMI, FL 33187

New Mailing Address:

FEI Number: 65-0136513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, FLORA B
14950 SW 248 ST
HOMESTEAD, FL 33032 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GONZALEZ, FLORA B
Address: 14950 SW 248 ST
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FLORA B GONZALEZ

PSTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date