2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L99787

Entity Name: TROPICAL PALMS NURSERY INC.

Current Principal Place of Business:

16405 SW 177 AVE
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161472
MIAMI, FL 33116

New Mailing Address:

FEI Number: 65-0215092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUIDO, MARITZA
14420 SW 94 AVE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

GUIDO, MARITZA
14420 SW 94 AVE
MIAMI, FL 33176 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: MARITZA GUIDO 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: GUIDO, MARITZA
Address: 14420 SW 94 AVE
City-St-Zip: MIAMI, FL 33176

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: MARITZA GUIDO P 04/27/2009
Electronic Signature of Signing Officer or Director Date