

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42423

FILED
Feb 01, 2009
Secretary of State

Entity Name: GRAPEYARD NURSERY, INC.

Current Principal Place of Business:

C/O ISTVAN HUJBER
16701 SW 200TH ST
MIAMI, FL 33187 US

New Principal Place of Business:

Current Mailing Address:

C/O ISTVAN HUJBER
16701 SW 200TH STREET
MIAMI, FL 33187 US

New Mailing Address:

FEI Number: 59-2802690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUJBER, THOMAS C.
17225 SW 232ND STREET
MIAMI, FL 33170 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: DP () Delete
Name: HUJBER, STEVE J.,
Address: 270 N.W. 127TH AVE.
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: HUJBER, THOMAS C.,
Address: 17225 SW 232ND ST
City-St-Zip: MIAMI, FL 33170

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: STEVE HUJBER

DP

02/01/2009

Electronic Signature of Signing Officer or Director

_____ Date