


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 21, 2008 08:00 A**

**Secretary of State**

*ck 048248*  
*04-9-08*

<b>DOCUMENT # M50696</b> 1. Entity Name <b>ORNAMENTAL NURSERY, CORPORATION</b>	
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Principal Place of Business <b>19000 SW 192 ST. MIAMI, FL 33187 US</b>	Mailing Address <b>19000 SW 192 ST. MIAMI, FL 33187 US</b>
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2794101</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, ESTEBAN  
16451 NW 84TH AVE  
MIAMI, FL 33016**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000909771 05/06/08-80081-023 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, ESTEBAN 8585 NW 169 TERR MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ALBERTO 30545 SW 183 AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 a similar like empowered.

**SIGNATURE:**  **04-17-08 305-253-2700**

\_\_\_\_\_  
SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #