


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90009 021 \*\*\*150.00

|  |                       |   |   |   |  |
|--|-----------------------|---|---|---|--|
| <b>DOCUMENT # M52499</b>   |                       |   |   |                |  |
| 1. Entity Name<br>ELVA NURSERY, INC.   |                       |   |   |   |  |
| Principal Place of Business<br>20500 SW 177TH AVENUE<br>MIAMI, FL 33187-3404   |                       | Mailing Address<br>20500 SW 177TH AVENUE<br>MIAMI, FL 33187-3404  |   |   |  |
| 2. Principal Place of Business   |                       | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                       | City & State  |   | 4. FEI Number<br>65-0227146   |  |
| Zip  | Country               | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                       |   | 7. Name and Address of New Registered Agent           |   |  |
| CARBONELL, JOSE<br>20500 SW 177TH AVENUE<br>MIAMI, FL 33170  |                       |   | Name <i>Carbonell, Jose</i>                           |   |  |
|  |                       |   | Street Address (P.O. Box Number is Not Acceptable)    |   |  |
|  |                       |   | <i>20500 SW 177th Ave</i>                             |   |  |
|  |                       |   | City <i>Miami</i> FL Zip Code <i>33187-3404</i>       |   |  |
| 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: <i>Jose Carbonell</i>   |                       | (NOTE: Registered Agent signature required when reinstating)  |   | DATE: <i>July 25/06</i>   |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>  |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    |  |
| 10. OFFICERS AND DIRECTORS   |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE  | SVD                   | <input type="checkbox"/> Delete   | TITLE   | SVD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | CARBONELL, LIDIA      |   | NAME  | <i>Carbonell, Lidia</i>   |  |
| STREET ADDRESS   | 20500 SW 177TH AVENUE |   | STREET ADDRESS  | <i>20500 SW 177 ave</i>   |  |
| CITY-ST-ZIP  | MIAMI, FL 33187       |   | CITY-ST-ZIP   | <i>Miami, FL 33187-3404</i>   |  |
| TITLE  | PTD                   | <input type="checkbox"/> Delete   | TITLE   | PTD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | CARBONELL, JOSE       |   | NAME  | <i>Carbonell, Jose</i>  |  |
| STREET ADDRESS   | 20500 SW 177TH AVENUE |   | STREET ADDRESS  | <i>Miami, FL 33187-3404</i>   |  |
| CITY-ST-ZIP  | MIAMI, FL 331873404   |   | CITY-ST-ZIP   | <i>Miami, FL 33187-3404</i>   |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |   | NAME  |   |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |   | NAME  |   |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete   | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                       |   | NAME  |   |  |
| STREET ADDRESS   |                       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                       |   | CITY-ST-ZIP   |   |  |
| 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: <i>Jose Carbonell</i>   |                       | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date: <i>07-26-06</i> (305) 251 4235  |  |
|  |                       | <i>Jose Carbonell</i>   |   |   |  |