


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # M52499 1. Entity Name ELVA NURSERY, INC.	
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Principal Place of Business 20500 SW 177TH AVENUE MIAMI, FL 33187-3404	Mailing Address 20500 SW 177TH AVENUE MIAMI, FL 33187-3404
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0227146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARBONELL, JOSE
20500 SW 177TH AVENUE
MIAMI, FL 33187-3404

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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 _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000868044
04/08/08-80095-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	CARBONELL, LIDIA
STREET ADDRESS	20500 SW 177TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331873404
TITLE	PTD
NAME	CARBONELL, JOSE
STREET ADDRESS	20500 SW 177TH AVENUE
CITY-ST-ZIP	MIAMI, FL 331873404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Lidia Carbonell 3/20/08 (305) 251 4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lidia Carbonell