

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M63941

FILED
May 07, 2008
Secretary of State

Entity Name: PLASENCIA NURSERY, INC.

Current Principal Place of Business:

11801 S.W. 72ND ST.
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

11801 S.W. 72ND ST.
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-0021511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLASENCIA, JESUS
11801 S.W. 72ND ST.
MIAMI, FL 33183 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLASENCIA, JESUS,
Address: 241 N.W. 48TH PLACE
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: PLASENCIA, LOURDES
Address: 241 NW 48TH PLACE
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: PLASENCIA, JESUS L
Address: 15610 SW 146 AVE
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: PLASENCIA, GLADYS
Address: 15610 SW SW 146TH AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLADYS PLASENCIA

S

05/07/2008

Electronic Signature of Signing Officer or Director

_____ Date