

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # M93185**

1. Entity Name  
**DANA NURSERY, INC.**



Principal Place of Business  
**2665 SOUTH BAYSHORE DR.  
SUITE 609  
MIAMI, FL 33133**

Mailing Address  
**2665 SOUTH BAYSHORE DR.  
SUITE 609  
MIAMI, FL 33133**

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**



08132008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0084812**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Applied For  
Not Applicable

**DO NOT WRITE IN THIS SPACE**

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

**BAHRI, FADI A  
2665 SOUTH BAYSHORE DR.  
SUITE 609  
MIAMI, FL 33133**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>BAHRI, FADI A</b>
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DR.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000959651  
09/15/08-80001-010 150.00

**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 all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/21/08** **305 860-8996**  
Date Daytime Phone #