

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046991

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNITED NURSERY CORP.

Current Principal Place of Business:

30401 S.W. 217 AVENUE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

30401 S.W. 217 AVENUE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 65-1103469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDANA, ROBERT L
12350 SW 132ND COURT
SUITE 204
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, NELSON SR
Address: 1561 AGUA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: DE IZAGUIRRE, FERNANDO SR.
Address: 9002 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: DE IZAGUIRRE, FERNANDO JR.
Address: 12270 SW 45TH STREET
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: FERNANDEZ, DOLORES T
Address: 1561 AGUA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: DE IZAGUIRRE, MARTHA
Address: 12270 SW 45TH STREET
City-St-Zip: MIAMI, FL 33175

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:

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: NELSON FERNANDEZ

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date