

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083554

Entity Name: MAYRA NURSERY, INC

FILED  
Feb 12, 2007  
Secretary of State

**Current Principal Place of Business:**

19850 SW 392ND ST.  
HOMESTEAD, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

1704 NW 3TH TERR  
105  
HOMESTEAD, FL 33034

**New Mailing Address:**

FEI Number: 65-1132136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALBAN, LAZARO  
1704 NW 3RD TERR  
105  
FLORIDA CITY, FL 33034 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: GALBAN, LAZARO  
Address: 1704 NW 3RD TERR #105  
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD ( ) Delete  
Name: MENDIZABAL, MAYRA  
Address: 1704 NW 3RD TERR #105  
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MENDIZABAL, MAYRA  
Address: 1704 NW 3RD TERR #105  
City-St-Zip: FLORIDA CITY, FL 33034

Title: S ( ) Change (X) Addition  
Name: GALBAN, LAZARO JR  
Address: 1704 NW 3RD AVE # 105  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the 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: LAZARO GALBAN

P

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date