

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111565

FILED
May 01, 2008
Secretary of State

Entity Name: RAINFOREST NURSERY, INC.

Current Principal Place of Business:

15425 S.W. 268TH STREET
MIAMI, FL 33032

New Principal Place of Business:

Current Mailing Address:

15425 S.W. 268TH STREET
MIAMI, FL 33032

New Mailing Address:

FEI Number: 65-1154808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDESMA, BARTOLA
15425 S.W. 268TH STREET
MIAMI, FL 33032 US

Name and Address of New Registered Agent:

LABARCA, ODALIS
15425 S.W. 268TH STREET
MIAMI, FL 33032 US

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: ODALIS LABARCA

05/01/2008

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: PD () Delete
Name: HERNANDEZ, LORENA
Address: 15425 S.W. 268 STREET
City-St-Zip: MIAMI, FL 33032

Title: VP () Delete
Name: LABARCA, ODALIS
Address: 15425 S.W. 268 STREET
City-St-Zip: MIAMI, FL 33032

Title: S (X) Delete
Name: LEDESMA, BARTOLA
Address: 15425 S.W. 268TH STREET
City-St-Zip: MIAMI, FL 33032

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:

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: ODALIS LABARCA

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date