

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90081 010 ***150.00

DOCUMENT # P01000119902 1. Entity Name SOFIA'S NURSERY, INC.			
Principal Place of Business FLAMINGO RD NORTH OF ORANGE DR DAVIE, FL 33330		Mailing Address 3339 MCKINLEY ST HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 4100 S. FLAMINGO RD Suite, Apt. #, etc.		3. Mailing Address 3339 MCKINLEY ST Suite, Apt. #, etc.	
City & State DAVIE, FL Zip 33330		City & State HOLLYWOOD, FL Zip 33021	
Country USA		Country USA	
4. FEI Number 60-0000881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, HERMAN N P.A. 8751 W. BROWARD DWD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARMIZO, MANUEL 8751 W BROWARD BLVD. SUITE 109 PLAMTATION, FL 33324	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARMIZO, SOFIA 8751 W BROWARD BLVD. SUITE 109 PLAMTATION, FL 33324	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jaime Garmizo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



01052007 Chg-P CR2E034 (12/06)

4. FEI Number
60-0000881

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

6. Name and Address of Current Registered Agent

ROBERT, HERMAN N P.A.
8751 W. BROWARD DWD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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☐ Delete

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**3339 MCKINLEY ST.
HOLLYWOOD, FL 33021**

☒ Change ☐ Addition

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SIGNATURE:

Jaime Garmizo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Garmizo 1/21/07
DATE DAYTIME PHONE