

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 #
5100 S. FLAMINGO RD

Suite, Apt. #, etc.

3. Mailing Address
3339 McKinley st

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
Hollywood, FL

Zip
33330

Country
USA

Zip
33021

Country
USA

4. FEI Number
60-0000881

Applied For
Not Applicable

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

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
GARMIZO, MANUEL
STREET ADDRESS
8751 W BROWARD BLVD. SUITE 109
CITY-ST-ZIP
PLAMTATION, FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3339 McKinley st
Hollywood, FL 33021**

Change Addition

TITLE
STD
NAME
GARMIZO, SOFIA
STREET ADDRESS
8751 W BROWARD BLVD. SUITE 109
CITY-ST-ZIP
PLAMTATION, FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**3339 McKinley st
Hollywood, FL 33021**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Jaimo Garmizo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaimo Garmizo
Dated: **16/10/07** Daytime Phone: **010 ***150.00**

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

01-22-2007 90081 010 ***150.00