2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P01000119902

Entity Name: SOFIA'S NURSERY, INC.

Current Principal Place of Business:

4100 S. FLAMINGO RD
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3339 MCKI8NLEY ST
HOLLYWOOD, FL 33021

New Mailing Address:

3339 MCKINLEY ST
HOLLYWOOD, FL 33021

FEI Number: 60-0000881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, HERMAN N P.A.
8751 W. BROWARD DWD
PLANTATION, FL 33324 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: GARMIZO, MANUEL
Address: 3339 MCKINLEY ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete
Name: GARMIZO, SOFIA
Address: 3339 MCKINLEY ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete
Name: GARMIZO, JAIME
Address: 20210 NE 23 COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33180

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: JAIME GARMIZO S 01/21/2009

Electronic Signature of Signing Officer or Director — Date