

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022168

FILED
Aug 14, 2007
Secretary of State

Entity Name: LA SERAFINA NURSERY INC.

Current Principal Place of Business:

21295 SW 352ND STREET
HOMESTEAD, FL 33034

New Principal Place of Business:

21295 SW 352ND STREET
HOMESTEAD, FL 33034 US

Current Mailing Address:

PO BOX 343361
FLORIDA CITY, FL 33034

New Mailing Address:

PO BOX 343361
FLORIDA CITY, FL 33034 US

FEI Number: 01-0599299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, TONANTZIN
21295 SW 352 STREET
FL 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

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: MONTES, TONANTZIN
Address: 21295 SW 352 STREET
City-St-Zip: FL CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTES, TONANTZIN
Address: 21295 SW 352 STREET
City-St-Zip: FL CITY, FL 33034 US

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: TONANTZIN MONTES

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08/14/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date