

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065164

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** ROYAL PALM NURSERY INC.

**Current Principal Place of Business:**

19030 SW 190TH STREET  
HOMESTEAD, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

1856 SE 19TH STREET  
HOMESTEAD, FL 33035

**New Mailing Address:**

**FEI Number:** 06-1638507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTOS, JOSE  
1856 SE 19TH STREET  
HOMESTEAD, FL 33035 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  
**Name:** SANTOS, JOSE  
**Address:** 1856 SE 19TH STREET  
**City-St-Zip:** HOMESTEAD, FL 33035

**Title:** MG  
**Name:** FELDMAN, CARMEN  
**Address:** 107 SPRINGWATER DRIVE  
**City-St-Zip:** JUPITER, FL 33458

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE SANTOS

OWNE

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date