2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006
Secretary of State

DOCUMENT# P02000085555

Entity Name: SUPERIOR NURSERY, INC

Current Principal Place of Business:

27550 SW 222 AVENUE
MIAMI, FL 33170

New Principal Place of Business:

30505 SW 202 AVENUE
HOMESTEAD, FL 33030 US

Current Mailing Address:

27550 SW 222 AVENUE
MIAMI, FL 33170

New Mailing Address:

30505 SW 202 AVENUE
HOMESTEAD, FL 33030 US

FEI Number: 02-0667629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, RAUL
27550 SW 222 AVENUE
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

GARCIA, RAUL
30505 SW 202 AVENUE
HOMESTEAD, FL 33030 US

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: RAUL GARCIA 06/21/2006
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: P ( ) Delete
Name: GARCIA, RAUL
Address: 27550 SW 222 AVENUE
City-St-Zip: MIAMI,, FL 33170

Title: S ( ) Delete
Name: GARCIA, WILDA I
Address: 27550 SW 222 AVENUE
City-St-Zip: MIAMI, FL 33170

Title: T ( ) Delete
Name: GARCIA, WILDA I
Address: 27550 SW 222 AVENUE
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARCIA, RAUL
Address: 30505 SW 202 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: S (X) Change ( ) Addition
Name: GARCIA, WILDA I
Address: 30505 SW 202 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: T (X) Change ( ) Addition
Name: GARCIA, WILDA I
Address: 30505 SW 202 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RAUL GARCIA PRES 06/21/2006
Electronic Signature of Signing Officer or Director Date