

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116592

FILED  
Jul 17, 2008  
Secretary of State

Entity Name: JENNIFER NURSERY, INC.

## Current Principal Place of Business:

17320 SW 236 STREET  
HOMESTEAD, FL 33031

## New Principal Place of Business:

17240 SW 188 STREET  
MIAMI, FL 33187 US

## Current Mailing Address:

17320 SW 236 STREET  
HOMESTEAD, FL 33031

## New Mailing Address:

16960 SW 296 STREET  
HOMESTEAD, FL 33030 US

FEI Number: 27-0035022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BASILIO, JOSE D  
1414 NW 107 AVE  
206  
MIAMI, FL 33172 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: P ( ) Delete  
Name: LOPEZ, NOEL M  
Address: 17320 SW 236 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: ST ( ) Delete  
Name: VALDES, MERCEDES  
Address: 17320 SW 236 STREET  
City-St-Zip: HOMESTEAD, FL 33031

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPEZ, NOEL M  
Address: 16960 SW 296 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: ST (X) Change ( ) Addition  
Name: VALDES, MERCEDES  
Address: 16960 SW 296 STREET  
City-St-Zip: HOMESTEAD, FL 33030 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: NOEL M. LOPEZ

P

07/17/2008

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

\_\_\_\_\_ Date