

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001373

Entity Name: TRIPLE I NURSERY, INC.

FILED
Jul 17, 2008
Secretary of State

Current Principal Place of Business:

10700 NW 28TH MANOR
SUNRISE, FL 33322

New Principal Place of Business:

333 SISCO DIRT RD
SATSUMA, FL 32189

Current Mailing Address:

10700 NW 28TH MANOR
SUNRISE, FL 33322

New Mailing Address:

333 SISCO DIRT RD
SATSUMA, FL 32189

FEI Number: 50-2089129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELAEZ, ORLANDO
10700 NW 28 MANOR
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

PELAEZ, ORLANDO
333 SISCO DIRT RD
SATSUMA, FL 32189 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:

07/17/2008

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: DP () Delete
Name: PELAZ, ORLANDO
Address: 10700 NW 28 MANOR
City-St-Zip: SUNRISE, FL 33322

Title: DV () Delete
Name: PELAZ, INDANIA
Address: 10700 NW 28 MANOR
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PELAZ, ORLANDO
Address: 333 SISCO DIRT RD
City-St-Zip: SATSUMA, FL 32189

Title: DV (X) Change () Addition
Name: PELAZ, INDANIA
Address: 333 SISCO DIRT RD
City-St-Zip: SATSUMA, FL 32189

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: ORLANDO PELAEZ

DP

07/17/2008

Electronic Signature of Signing Officer or Director

Date