


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000033974

1. Entity Name
STAR NURSERY, INC.



Principal Place of Business
22075 SW 134 AVE
MIAMI, FL 33170

Mailing Address
19600SW194AVE
MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE



05312006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0795951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKER, MARIA T
1111 BRICKELL AVE
STE 2150
MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, MILTON J 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMANA, RAFAEL A 19600 SW 194 AVENUE MIAMI, FL 33187
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Santamania **05-24-2006** **305-558-3037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #