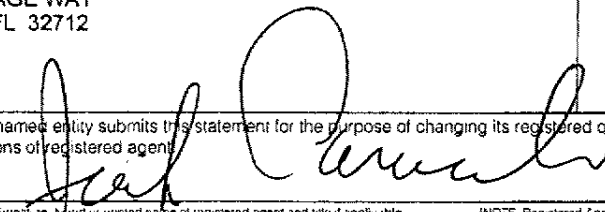
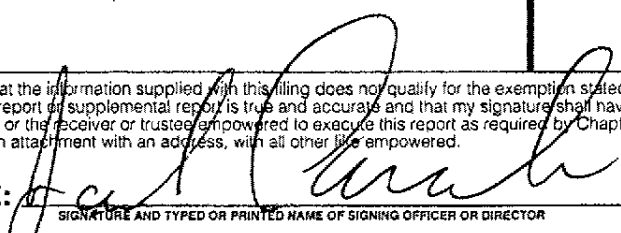


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000052738		
1. Entity Name CARA NURSERIES, INC.		
Principal Place of Business 5454 FOLIAGE WAY APOPKA, FL 32712		Mailing Address 2060 LINDEN BLVD ELMONT, NY 11003
DO NOT WRITE IN THIS SPACE		
		
02042005 No Chg-P CR2E034 (10/03)		
4. FEI Number 37-1466312		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CARACCILO, JOSEPH SR. 5454 FOLIAGE WAY APOPKA, FL 32712		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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARACCILO, JOSEPH SR 2060 LINDEN BLVD ELMONT, NY 11003	 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARACCILO, CATHERINE 2060 LINDEN BLVD ELMONT, NY 11003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARACCILO, JOSEPH A 2060 LINDEN BLVD ELMONT, NY 11003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARACCILO, PAUL 2060 LINDEN BLVD ELMONT, NY 11003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARACCILO, CHRISTOPHER 2060 LINDEN BLVD ELMONT, NY 11003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #