FILED
Mar 17, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000052738

1. Entity Name
CARA NURSERIES, INC.

Principal Place of Business	Mailing Address
5454 FOLIAGE WAY APOPKA, FL 32712	2060 LINDEN BLVD ELMONT, NY 11003

03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CARRACCIOLO, JOSEPH SR
5454 FOLIAGE WAY
APOPKA, FL 32712

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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: Catherine Carracciolo See 3/13/08
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, 2008 Fee will be $550.00

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

U00000862194
04/03/08-80037-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARACCIOLO, JOSEPH SR
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	S
NAME	CARACCIOLO, CATHERINE
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	V
NAME	CARACCIOLO, JOSEPH A
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Catherine Carracciolo 3/13/08 516-285-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #