

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052738

Entity Name: CARA NURSERIES, INC.

FILED
Feb 18, 2010
Secretary of State

Current Principal Place of Business:

5454 FOLIAGE WAY
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

2060 LINDEN BLVD
ELMONT, NY 11003

New Mailing Address:

FEI Number: 37-1466312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRACCILO, JOSEPH
5454 FOLIAGE WAY
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CARACCILO, JOSEPH
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: S
Name: CARACCILO, CATHERINE
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: VP
Name: CARACCILO, JOSEPH A
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: VP
Name: CARACCILO, PAUL
Address: 6650 MARINA POINT VILLAGE COURT
City-St-Zip: TAMPA, FL 33633

Title: P
Name: CARACCILO, JOSEPH
Address: 104 ELLIMAN PLACE
City-St-Zip: SYOSSET, NY 11791

Title: S
Name: CARACCILO, CATHERINE
Address: 104 ELLIMAN PLACE
City-St-Zip: SYOSSET, NY 11791

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE CARACCILO

SEC.

02/18/2010

Electronic Signature of Signing Officer or Director

Date