


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000115450</b> 1. Entity Name EVENESSEL B & C NURSERY, INC.	
---	---

Principal Place of Business 19300 SW 185TH COURT MIAMI, FL 33187 US	Mailing Address 19300 SW 185TH COURT MIAMI, FL 33187 US
---	---

**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0529879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLEN, CARIDAD  
19300 SW 185TH COURT  
MIAMI, FL 33187

**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 releasing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEB 18 \$150.00 After May 1, 2007 Fee will be \$650.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILLEN, JOSE P 19300 SW 185TH COURT MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUILLEN, CARIDAD T 19300 SW 185TH COURT MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000695562  
04/17/07-80065-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3-12-7**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #