## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000041583

MIAMI, FL 33187

City-St-Zip:

Entity Name: SUN CITY NURSERY, INC.

FILED Feb 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2602 COUNTY CLUB PRADO 20990 SW 147TH AVE. CORAL GABLES, FL 33314 MIAMI, FL 333187 **Current Mailing Address: New Mailing Address:** 20990 SW 147TH AVE PO BOX 145457 CORAL GABLES, FL 33144 MIAMI, FL 33187 FEI Number: 41-2130730 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLAUM, STEVE 2602 COUNTY CLUB PRADO CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BLAUM, STEVE Name: Name: 2602 COUNTY CLUB PRADO Address: Address: City-St-Zip: CORAL GABLES, FL 33314 City-St-Zip: ( ) Delete Title: DST Title: (X) Change ( ) Addition Name: GONZALEZ, JOSE Name: GONZALEZ, JOSE 15202 SW 168 TER Address: 20990 SW 147TH AVE. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

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SIGNATURE: JOSE GONZALEZ DST 02/26/2007