

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041583

Entity Name: SUN CITY NURSERY, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

20990 SW 147TH AVE.
MIAMI, FL 333187

New Principal Place of Business:

Current Mailing Address:

20990 SW 147TH AVE
MIAMI, FL 33187

New Mailing Address:

PO BOX 145457
CORALGABLES, FL 33114

FEI Number: 41-2130730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAUM, STEVE
2602 COUNTY CLUB PRADO
CORAL GABLES, FL 33134 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: DP () Delete
Name: BLAUM, STEVE
Address: 2602 COUNTY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33314

Title: DST () Delete
Name: GONZALEZ, JOSE
Address: 20990 SW 147TH AVE.
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: STEVE BLAUM

DP

04/20/2008

Electronic Signature of Signing Officer or Director

Date