

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066536

FILED
Apr 12, 2009
Secretary of State

Entity Name: AVENTURA NURSERY AND LANDSCAPE, INC.

Current Principal Place of Business:

18332 AYERS RD
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

18332 AYERS RD
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 55-0878859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, ENRIQUE
18332 AYERS RD
BROOKSVILLE, FL 34604 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: CAPOTE, ENRIQUE
Address: 18332 AYERS RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: DST () Delete
Name: CAPOTE, ROSA
Address: 18332 AYERS RD
City-St-Zip: BROOKSVILLE, FL 34604

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: ENRIQUE CAPOTE

DP

04/12/2009

Electronic Signature of Signing Officer or Director

Date