


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000101883

1. Entity Name
ISABEL NURSERY & CONSTRUCTION MATERIALS, CORP.



Principal Place of Business 16891 NW 122ND AVE. HIALEAH, FL 33018	Mailing Address 16891 NW 122ND AVE. HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0120963	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

SOCARRAS, ISABEL
 90 W. 53RD ST.
 HIALEAH, FL 33012

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000933466
 05/22/08 000035 019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOCARRAS, ISABEL 90 W. 53RD ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERRA, MANUEL A 90 W. 53RD ST. HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/28/08 Daytime Phone #: 905-244-2949