2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000134015

1. Entity Name
CALZADO NURSERY & PRODUCE, INC.

FILED
Aug 14, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
16650 NW 124 AVE HIALEAH GARDENS, FL 33018	16650 NW 124 AVE HIALEAH GARDENS, FL 33018

DO NOT WRITE IN THIS SPACE

07212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
90-0258082	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALZADO, IFRAIN
16650 NW 124 AVE
HIALEAH GARDENS, FL 33018

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.

00000095771B
08/14/08-80004-003 150.00

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

FILE NOW!!! FEE IS $150.00 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CALZADO, IFRAIN
STREET ADDRESS	16650 NW 124 AVE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   x 8/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #