

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P04000151002

1. Entity Name
FINE PLANTS NURSERY, INC.



Principal Place of Business
**20275 SW 198 STREET
MIAMI, FL 33187**

Mailing Address
**20275 SW 198 STREET
MIAMI, FL 33187**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1834890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACEDO, CARLOS
9745 MILLER DRIVE
MIAMI, FL 33165**

**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.

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000896514

04/25/08 80010-025 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PEREZ, ALEXIS 20275 SW 198 ST. MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PEREZ, JEANNETTE O 20275 SW 198 ST. MIAMI, FL 33187
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 reports 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

Daytime Phone #