

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058255

FILED
May 01, 2007
Secretary of State

Entity Name: LAS MERCEDES NURSERY, INCORPORATED

Current Principal Place of Business:

18925 SOUTHWEST 224 ST.
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

18925 SOUTHWEST 224 ST.
MIAMI, FL 33170

New Mailing Address:

FEI Number: 20-2751185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, LILLIAN M
15287 SW 32ND TERRACE
MIAMI, FL 33185 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALGUERA, JOSE A
Address: 9820 SW 44 ST
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: TORRES, IVON
Address: 9820 SW 44 ST
City-St-Zip: MIAMI, FL 33165

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: IVON TORRES

D

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date