2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000061017

1. Entity Name
JOANDARY NURSERY, INC.

Principal Place of Business	Mailing Address
4238 SW 95TH AVE MIAMI, FL 33165	4238 SW 95TH AVE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

03042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2750139	Not Applicable

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

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6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN R
4238 SW 95TH AVE
MIAMI, FL 33165

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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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, JUAN R
STREET ADDRESS	4238 SW 95TH AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S
NAME	RODRIGUEZ, NELIDA D
STREET ADDRESS	4238 SW 95TH AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80003-013 150.00

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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: _____   3-7-08 305 223092/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #