

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068526

Entity Name: SILVER PALM NURSERY, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

13005 SW 232ND STREET
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

13005 SW 232ND STREET
GOULDS, FL 33170

New Mailing Address:

21802 SW 134 AVE
GOULDS, FL 33170

FEI Number: 20-2677144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERELLO, NEIL
13005 SW 232ND STREET
GOULDS, FL 33170 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERELLO, NEIL
Address: 13005 SW 232ND STREET
City-St-Zip: GOULDS, FL 33170

Title: STD () Delete
Name: PERELLO, CRISTINA
Address: 13005 SW 232ND STREET
City-St-Zip: GOULDS, FL 33170

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: CRISTINA PERELLO

STD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date