

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103485

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** DOUBLE D'S NURSERY, INC.

**Current Principal Place of Business:**

18750 SW 192ND STREET  
MIAMI, FL 33187 US

**New Principal Place of Business:**

18750 SW 192 STREET  
MIAMI, FL 33187 US

**Current Mailing Address:**

18750 SW 192ND STREET  
MIAMI, FL 33187 US

**New Mailing Address:**

16450 SW 234 ST  
HOMESTEAD, FL 33031 US

**FEI Number:** 20-3221126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LA CRUZ, DIMAS O JR  
18750 SW 192ND STREET  
MIAMI, FL 33187 US

**Name and Address of New Registered Agent:**

DE LA CRUZ, DIMAS O JR  
16450 SW 234 ST  
HOMESTEAD, FL 33031 US

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:** DIMAS O. DE LA CRUZ

02/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DE LA CRUZ, DIMAS O JR  
**Address:** 16450 SW 234 ST  
**City-St-Zip:** HOMESTEAD, FL 33031 US

I hereby 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 all other like empowered.

**SIGNATURE:** DIMAS O. DE LA CRUZ

PRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date