

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000140616

1. Entity Name
BLUE PALM NURSERY INC.



Principal Place of Business
**1500 S.W. 184TH STREET
MIAMI, FL 33194**

Mailing Address
**1500 S.W. 184TH STREET
MIAMI, FL 33194**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0679950

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMERO, MAURICIO
19917 S.W. 124TH COURT
MIAMI, FL 33177**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROMERO, MAURICIO
STREET ADDRESS 19917 S.W. 124TH COURT
CITY-ST-ZIP MIAMI, FL 33177

TITLE SD
NAME SANTOS, CLARIS A
STREET ADDRESS 19917 S.W. 124TH COURT
CITY-ST-ZIP MIAMI, FL 33177

TITLE VTD
NAME HERNANDEZ, MARTIN
STREET ADDRESS 9229 S.W. 154TH CT.
CITY-ST-ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/10/07-80053-017 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #