

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005919

FILED
Mar 10, 2009
Secretary of State

Entity Name: REDLAND QUALITY NURSERIES, CORP.

Current Principal Place of Business:

23100 SW 192 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

22950 SW 192 AVE
MIAMI, FL 33170

New Mailing Address:

FEI Number: 20-4123984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OTERO, ANTONIO
22950 SW 192 AVENUE
MIAMI, 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: PRES () Delete
Name: OTERO, ANTONIO
Address: 782 NW 42 AVE #538
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: RODRIGUEZ, MICHAEL
Address: 782 NW 42 AVE #538
City-St-Zip: MIAMI, FL 331126

Title: TREA () Delete
Name: RODRIGUEZ, MICHAEL
Address: 782 NW 42 AVE #538
City-St-Zip: MIAMI, FL 33126

Title: SEC () Delete
Name: OTERO, ANTONIO
Address: 782 NW 42 AVENUE #538
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO OTERO

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date