

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 049 \*\*\*150.00

<b>DOCUMENT # P06000016365</b>	
1. Entity Name <b>QUETZAL NURSERY, INC.</b>	



Principal Place of Business <b>18820 SW 355 TERR. FLORIDA CITY, FL 33034 US</b>	Mailing Address <b>18820 SW 355 TERR. FLORIDA CITY, FL 33034 US</b>
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**66001851**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4266813** Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent <b>LEONARD, JOHN T 18820 SW 355 TERR FLORIDA CITY, FL 33030</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AJUCUM, GERMAN 18820 SW 355 TERR FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*