



**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

**QUYUUSUN**

<b>DOCUMENT # P06000054955</b> 1. Entity Name <b>SALAZAR'S TWO SISTERS NURSERY, INC.</b>				04-07-2008 90032 015 ***150.00	
Principal Place of Business <b>7752 SW 2 STREET MIAMI, FL 33144</b>		Mailing Address <b>7752 SW 2 STREET MIAMI, FL 33144</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		<div>40000011</div> <div></div> <div>02182008    Chg-P    CR2E034 (12/06)</div> <div>4. FEI Number <b>16-1757435</b></div> <div>Applied For Not Applicable</div> <div>5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></div>	
6. Name and Address of Current Registered Agent <b>SALAZAR, MARTIN 7752 SW 2 STREET MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D SALAZAR, MARTIN 7752 SW 2 STREET MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D SALAZAR, MIRTHA 7752 SW 2 STREET MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D SALAZAR, FRANCES 7752 SW 2 STREET MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>Vias President Mercedes Cantillo 7752 SW 2 STREET Miami, FL 33144</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Jeannette Salazar</b>		<b>4/4/08</b> Date    Daytime Phone #			