2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P06000056967 ANITA'S NURSERY AND FARM, INC. 07 AUG 13 AM 7: 36 SECHETARY OF STATE Principal Place of Business Mailing Address TALLAHASSI E. FLORIDA 20205 SW 207TH AVE. PO BOX 960064 MIAMI, FL 33187 MIAMI, FL 33296 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 08092007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 22-3929981 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition **PSTD** PSTD Change TITLE ☐ Delete THE RIVERA, ARTURO JR. NAME NAME Rivera, Arturo Jr. 21562 SOUTHWEST 87TH PLACE STREET ADDRESS 20205 SW 207th Avenue STREET ADDRESS MIAMI, FL 33189 CITY ST ZIP Miami, Florida 33187 CHY ST ZIP Defete TITLE ☐ Change **Addition** TITLE NAME Inchautegui, Ana NAME 20205 SW 207th Avenue STREET ADDRESS STREET ADDRESS Miami, Florida 33187 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete HILE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY - ST - ZIP 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: Daytime Phone # Date ICER OR DIRECTOR