

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066459

Entity Name: EL TINAJON NURSERY INC

FILED
Aug 10, 2007
Secretary of State

Current Principal Place of Business:

19550 SW 162ND AVE
MIAMI, FL 33187 US

New Principal Place of Business:

Current Mailing Address:

19550 SW 162ND AVE
MIAMI, FL 33187 US

New Mailing Address:

FEI Number: 20-4847602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZALDIVAR, ADALBERTO
19550 SW 162ND AVE
MIAMI, FL 33187 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: ZALDIVAR, ADALBERTO
Address: 19550 SW 162ND AVE
City-St-Zip: MIAMI, FL 33187 US

Title: ASEC () Delete
Name: ZALDIVAR, ADALBERTO
Address: 19550 SW 162ND AVE
City-St-Zip: MIAMI, FL 33187 US

Title: S.T () Delete
Name: ZALDIVAR, ADALBERTO T
Address: 19550 SW 162ND AVE
City-St-Zip: MIAMI, FL 33187 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZALDIVAR, ADALBERTO
Address: 19550 SW 162ND AVE
City-St-Zip: MIAMI, FL 33187 US

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: ADALBERTO ZALDIVAR

PD

08/10/2007

Electronic Signature of Signing Officer or Director

_____ Date