

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071599

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: GROWING GREENS NURSERY, INC.

## Current Principal Place of Business:

22200 SW 218A  
MIAMI, FL 33196

## New Principal Place of Business:

15419 HARDING LANE  
LEISURE CITY, FL 33033

## Current Mailing Address:

22200 SW 218A  
MIAMI, FL 33196

## New Mailing Address:

15419 HARDING LANE  
LEISURE CITY, FL 33033

FEI Number: 20-4928396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, RAIZZA  
22200 SW 218 AVE  
MIAMI, FL 33196 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: DP ( ) Delete  
Name: CAMPUZANO, REDENTOR  
Address: 22200 SW 218 AVE  
City-St-Zip: MIAMI, FL 33196

Title: DS (X) Delete  
Name: FLEXAS, ROBERTO  
Address: 15001 SW 149 AVE  
City-St-Zip: MIAMI, FL 33196

Title: DS ( ) Delete  
Name: PEREZ, RAIZZA  
Address: 22200 SW 218 AVE  
City-St-Zip: MIAMI, FL 33196

## 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:

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: REDENTOR CAMPUZANO

DP

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date