

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074607

FILED  
May 17, 2007  
Secretary of State

Entity Name: PARADISE GARDEN NURSERY, INC.

## Current Principal Place of Business:

P.O. BOX 650307  
MIAMI, FL 33265

## New Principal Place of Business:

16860SW 177AVE  
MIAMI, FL 33187

## Current Mailing Address:

P.O. BOX 650307  
MIAMI, FL 33265

## New Mailing Address:

16860SW 177AVE  
MIAMI, FL 33187

FEI Number: 20-5008897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, JULIO  
18975 S.W. 232ND STREET  
MIAMI, FL 33170 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 ( ) Delete  
Name: YERA, WILFREDO  
Address: P.O. BOX 650307  
City-St-Zip: MIAMI, FL 33265

Title: V ( ) Delete  
Name: RAMIREZ, JULIO  
Address: 18975 S.W. 232ND STREET  
City-St-Zip: MIAMI, FL 33170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: YERA, WILFREDO  
Address: 16860SW177AVE  
City-St-Zip: MIAMI, FL 33187

Title: V (X) Change ( ) Addition  
Name: RAMIREZ, JULIO  
Address: 16860SW 177AVE  
City-St-Zip: MIAMI, FL 33187

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: JULIO R. RAMIREZ

VP

05/17/2007

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

\_\_\_\_\_  
Date