

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 027 ***150.00

DOCUMENT # P06000078842					
1. Entity Name MARTA'S NURSERY LANDSCAPING, INC.					
Principal Place of Business: 4901 SW 122 AVE MIAMI, FL 33175			Mailing Address 4901 SW 122 AVE MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5013757	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROSELL, ROBERTO 4901 SW 122 AVE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name <u>Albertina M. Rosell</u> Street Address (P.O. Box Number is Not Applicable) <u>4901 SW 122 Ave</u> City <u>miami</u> FL Zip Code <u>33175</u>		
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: <u>Albertina M. Rosell</u> DATE: <u>1-25-08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSELL, ROBERTO 4901 SW 122 AVE MIAMI, FL 33175	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	president Albertina M. Rosell 4901 SW 122 Ave miami, FL 33175
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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☐ Change ☐ Addition		☐ Change ☐ 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: <u>Albertina M. Rosell</u>				DATE: <u>1-25-08</u> / <u>7/399-6128</u>	