## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000106152

Address: City-St-Zip: FILED Apr 17, 2007 cretary of State

DOCOMENT#1 00000100102	Secretary of State
Entity Name: GUATEMEX NURSERY, INC.	
Current Principal Place of Business:	New Principal Place of Business:
765 SW 13 ST HOMESTEAD, FL 33034	
Current Mailing Address:	New Mailing Address:
765 SW 13 ST HOMESTEAD, FL 33034	
FEI Number: 20-5383192 FEI Number Applied For ( ) FEI	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ARROYO, ESMERALDA 765 SW 13 ST HOMESTEAD, FL 33034 US	
The above named entity submits this statement for the purpos in the State of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         P ( ) Delete           Name:         ARROYO, ESMERALDA           Address:         765 SW 13 ST           City-St-Zip:         HOMESTEAD, FL 33034	Title: P (X) Change ( ) Addition Name: ARROYO, ESMERALDA Address: 765 SW 13 ST City-St-Zip: HOMESTEAD, FL 33034 US
Title: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition  Name: VELASQUEZ, CONCEPCION  Address: 30514 SW 157 CT  City-St-Zip: HOMESTEAD, FL 33033 US
Title: ( ) Delete Name:	Title: VP ( ) Change (X) Addition Name: VELASQUEZ, DAVID E

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name: Address:

City-St-Zip:

765 SW 13 ST

HOMESTEAD, FL 33034 US

SIGNATURE: ESMERALDA ARROYO Ρ 04/17/2007