

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106152

Entity Name: GUATEMEX NURSERY, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

765 SW 13 ST  
HOMESTEAD, FL 33034

## New Principal Place of Business:

## Current Mailing Address:

765 SW 13 ST  
HOMESTEAD, FL 33034

## New Mailing Address:

FEI Number: 20-5383192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARROYO, ESMERALDA  
765 SW 13 ST  
HOMESTEAD, FL 33034 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: P ( ) Delete  
Name: ARROYO, ESMERALDA  
Address: 765 SW 13 ST  
City-St-Zip: HOMESTEAD, FL 33034 US

Title: D ( ) Delete  
Name: VELASQUEZ, CONCEPCION  
Address: 30514 SW 157 CT  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP ( ) Delete  
Name: VELASQUEZ, DAVID E  
Address: 765 SW 13 ST  
City-St-Zip: HOMESTEAD, FL 33034 US

## 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: DAVID VELAZQUEZ

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date