

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110778

Entity Name: LIVING DESIGNS NURSERY INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

21645 SW 157 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

21645 SW 157 AVE
MIAMI, FL 33170

New Mailing Address:

FEI Number: 20-5469279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL DAVID, FRANCES C
10255 SW 128 CT
MIAMI, FL 33186 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: VP () Delete
Name: SEGAL DAVID, FRANCES C
Address: 10255 SW 128 CT
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: GALINDO, RIGOBERTO
Address: 10925 SW 114 AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RIGOBERTO GALINDO

PRES

01/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date