

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027347

FILED
Apr 30, 2009
Secretary of State

Entity Name: REDLANDS NURSERY & SUPPLY INC.

Current Principal Place of Business:

24550 SW 193RD AVE
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

24550 SW 193RD AVE
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 20-8545263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZQUIERDO, CARLOS J
24550 SW 193RD AVE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

IZQUIERDO, CARLOS
24550 SW 193RD AVE
HOMESTEAD, FL 33031 US

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: CARLOS IZQUIERDO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IZQUIERDO, CARLOS M
Address: 24550 SW 193RD AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VP () Delete
Name: LURBE, DALIA M
Address: 24550 SW 193RD AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: T () Delete
Name: IZQUIERDO, CARLOS J
Address: 24550 SW 193RD AVE
City-St-Zip: HOMESTEAD, FL 33031 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IZQUIERDO, CARLOS
Address: 24550 SW 193RD AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: IZQUIERDO, CARLOS
Address: 24550 SW 193RD AVE
City-St-Zip: HOMESTEAD, FL 33031 US

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: CARLOS IZQUIERDO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date