

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90060 005 ***150.00

DOCUMENT # P07000074698 1. Entity Name APPLE TREE NURSERY, INC.			
Principal Place of Business 10400 SW 186 AVE MIAMI, FL 33196		Mailing Address 1642 SW 82ND CT MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 4600 SW 164 TERR		3. Mailing Address Suite, Apt. #, etc.	
City & State South West Ranches, FL		City & State Suite, Apt. #, etc.	
Zip 33331	Country BROWARD	Zip Country	4. FEI Number 32-0207471
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PEREZ, DANIEL 1642 SW 82ND CT MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 DANIEL PEREZ President DATE 3/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PEREZ, DANIEL 1642 SW 82ND CT MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:		DATE 3/22/08 DAYTIME PHONE # 954/434664	