

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90037 041 \*\*\*150.00

<b>DOCUMENT # P07000109612</b>					
1. Entity Name <b>MIAMI TROPICAL NURSERY, INC.</b>					
Principal Place of Business <b>26145 C.R. 44 A EUSTIS, FL 32736 US</b>			Mailing Address <b>13775 S.W. 34 STREET MIAMI, FL 33175 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>75-3255811</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEREZ, MARIA M 13775 S.W. 34 STREET MIAMI, FL 33175</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DAVID A PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, ROBERTO E		NAME	13775 S.W. 34 ST.	
STREET ADDRESS	13775 S.W. 34 STREET		STREET ADDRESS	MIAMI, FL. 33175	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	S, V	<input type="checkbox"/> Delete	TITLE	MARIA M PEREZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARIA M		NAME	13775 S.W. 34 ST.	
STREET ADDRESS	13775 S.W. 34 STREET		STREET ADDRESS	MIAMI, FL. 33175	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ERIC A		NAME		
STREET ADDRESS	13918 DANIEL LANDING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, YVETTE P		NAME		
STREET ADDRESS	13918 DANIEL LANDING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>MARIA M PEREZ</u> <b>MARIA M. PEREZ</b> <u>3/22/08</u> <b>305-234-2741</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					