

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005925

FILED
Jul 07, 2009
Secretary of State

Entity Name: CLEMENTE AND REYNA NURSERY CORP.

Current Principal Place of Business:

14250 SW 202 AVE.
MIAMI, FL 33196

New Principal Place of Business:

14315 SW 268 TERR
HOMESTEAD, FL 33032

Current Mailing Address:

14250 SW 202 AVE.
MIAMI, FL 33196

New Mailing Address:

14315 SW 268 TERR
HOMESTEAD, FL 33032

FEI Number: 61-1550594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERREGUIN, CLEMENTE
14250 SW 202 AVE.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

ERREGUIN, CLEMENTE
14315 SW 268 TERR
HOMESTEAD, FL 33032 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: CLEMENTE ERREGUIN

07/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERREGUIN, CLEMENTE
Address: 14250 SW 202 AVE.
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: ERREGUIN, REYNA
Address: 14250 SW 202 AVE.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ERREGUIN, CLEMENTE
Address: 14315 SW 268 TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: V (X) Change () Addition
Name: ERREGUIN, REYNA
Address: 14315 SW 268 TERR
City-St-Zip: HOMESTEAD, FL 33032

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: CLEMENTE ERREGUIN

PDTE

07/07/2009

Electronic Signature of Signing Officer or Director

Date