

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005925

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** CLEMENTE AND REYNA NURSERY CORP.

**Current Principal Place of Business:**

14315 SW 268 TERR  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

14315 SW 268 TERR  
HOMESTEAD, FL 33032

**New Mailing Address:**

**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  
14315 SW 268 TERR  
HOMESTEAD, FL 33032 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: P  
Name: ERREGUIN, CLEMENTE  
Address: 14315 SW 268 TERR  
City-St-Zip: HOMESTEAD, FL 33032

Title: V  
Name: ERREGUIN, REYNA  
Address: 14315 SW 268 TERR  
City-St-Zip: HOMESTEAD, FL 33032

I hereby 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 all other like empowered.

SIGNATURE: CLEMENTE ERREGUIN

PDTE

04/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date