

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084071

FILED
Jan 22, 2009
Secretary of State

Entity Name: GOLDEN TOUCH NURSERY REGISTRY INC

Current Principal Place of Business:

99 NW 183RD ST
239 D
MIAMI, FL 33169 US

Current Mailing Address:

99 NW 183RD ST
239 D
MIAMI, FL 33169 US

New Principal Place of Business:

99 NW 183RD ST
204 B
MIAMI, FL 33169 US

New Mailing Address:

99 NW 183RD ST
204 B
MIAMI, FL 33169 US

FEI Number: 26-3345795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
138
MIAMI, FL 33169 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 () Delete
Name: TAYLOR, BEVERLEY J
Address: 15521 NE 15TH PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: GRANT, PHILBERT
Address: 4806 NW 44TH TERR
City-St-Zip: TAMARAC, FL 33319 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: TAYLOR BEVERLEY

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date