

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003591

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAN GERMAN NURSERY INCORPORATED

Current Principal Place of Business:

18295 S.W. 100TH ST.
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

18295 S.W. 100TH ST.
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-0372591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, BENY
18295 S.W. 100TH ST.
MIAMI, FL 33196 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: PD () Delete
Name: ACOSTA, BENNY
Address: 18295 S.W. 100TH ST.
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: ACOSTA, MARGARITA M
Address: 18295 S.W. 100TH ST.
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: MAYOR, OILDA SOTO
Address: 18295 S.W. 100TH ST.
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: ACOSTA, ESTHER
Address: 18295 S.W. 100TH ST.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACOSTA, BENY
Address: 18295 S.W. 100TH ST.
City-St-Zip: MIAMI, FL 33196

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

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

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

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: BENY ACOSTA

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date