

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037662

FILED
Apr 27, 2006
Secretary of State

Entity Name: COSMI NURSERY INC.

Current Principal Place of Business:

22290 SW 162 AVENUE
GOULDS, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

22290 S.W. 162 AVE.
GOULDS, FL 33170

New Mailing Address:

FEI Number: 65-0424582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSE I
22290 SW 162ND AVE
GOULDS, FL 33170 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: COSTA, TONY
Address: 22290 SW 162 AVENUE
City-St-Zip: GOULDS, FL 33170

Title: VP () Delete
Name: COSTA, MARIA ELENA
Address: 22290 SW 162 AVENUE
City-St-Zip: GOULDS, FL 33170

Title: T () Delete
Name: SMITH, JOSE I
Address: 22290 SW 162 AVENUE
City-St-Zip: GOULDS, FL 33170

Title: S () Delete
Name: COSTA SMITH, MARIA ELENA
Address: 22290 SW 162 AVENUE
City-St-Zip: GOULDS, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOSE SMITH

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date