

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041347

Entity Name: T & R NURSERIES, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

20895 SW 232 ST
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

20895 SW 232 ST
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 65-0417178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, OCTAVIO
24205 SW 127 AVE
MIAMI, FL 33032 US

Name and Address of New Registered Agent:

TAYLOR, OCTAVIO
11250 SW 244 TER
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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, OCTAVIO
Address: 20895 SW 232 ST
City-St-Zip: MIAMI, FL 33170

Title: VPD () Delete
Name: REGIDOR, FRANCISCA Y
Address: 20895 SW 232 ST
City-St-Zip: MIAMI, FL 33170

Title: SD () Delete
Name: REGIDOR, EDGARD J
Address: 20895 SW 232 ST
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: TAYLOR, SYLVIA
Address: 20895 SW 232 ST
City-St-Zip: MIAMI, 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 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: OCTAVIO TAYLOR

MR

01/07/2009

Electronic Signature of Signing Officer or Director

Date