2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044051

Entity Name: B. G. KATZ NURSERIES, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8310 HAVERHILL EXT RD 15800 LOXAHATCHEE RD BOYNTON BEACH, FL 33463 US PARKLAND, FL 33076 US

Current Mailing Address: New Mailing Address:

8310 HAVERHILL EXT RD
BOYNTON BEACH, FL 33463 US
15800 LOXAHATCHEE RD
PARKLAND, FL 33076 US

FEI Number: 65-0422927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KATZ, BORIS
6021 OLD COURT ROAD
1107
BOCA RATON, FL 33433 US

KATZ, BORIS
15800 LOXAHATCHEE RD
PARKLAND, FL 33076 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: BORIS KATZ 04/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KATZ, BORIS
 Name:
 KATZ, BORIS

 Address:
 6021 OLD COURT RD., #1107
 Address:
 15800 LOXAHATCHEE RD

 Address:
 6021 OLD COURT RD., #1107
 Address:
 15800 LOXAHATCHEE RD

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 PARKLAND, FL 33076

 Name:
 AFTON, ROBERT
 Name:
 AFTON, ROBERT

 Address:
 8310 HAVERHILL EXT RD
 Address:
 15800 LOXAHATCHEE RD

 City-St-Zip:
 BOYNTON BEACH, FL 33436
 City-St-Zip:
 PARKLAND, FL 33076

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 FOURSA, VLADIMIR

 Address:
 Address:
 15800 LOXAHATCHEE RD

 City-St-Zip:
 City-St-Zip:
 PARKLAND, FL 33076

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: ROBERT AFTON D 04/25/2007