


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000068765</b>	
1. Entity Name OTERO NURSERIES, INC.	

Principal Place of Business 9351 155TH LANE SO DELRAY BEACH, FL 33446	Mailing Address 9380 155TH LANE SO DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0523879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL OTERO  
 9380 155TH LANE SOUTH  
 DELRAY BCH, FL 33446

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTERO, ANGEL 9380 155TH LANE SOUTH DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTERO, BENJAMIN 9351 155TH LANE SOUTH DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SERNA, LIRIO L 9351 155TH LANE SOUTH DELRAY BEACH, FL 33446
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 03/09/07-80015-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07 561-496-3841  
 Date Daytime Phone #