


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000068765**  
 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

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0523879

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 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, 2008 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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U00000908499  
 05/06/08-80033-014 150.00

**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 empowered.

**SIGNATURE:** *Benjamin Otero* **4/17/08 (36) 496-3841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #