

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90020 026 \*\*\*150.00

DOCUMENT # P96000037803

1. Entity Name  
 PLANTMANIA NURSERY, INC.



Principal Place of Business  
 22690 SOUTHWEST 207 AVENUE  
 MIAMI, FL 33170

Mailing Address  
 1071 SW 139TH CR  
 MIAMI, FL 33124

66014138



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0669057

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUQUE, LUIS H  
 1071 SW 139TH COVER  
 MIAMI, FL 33184

**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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

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: S  
 NAME: DUQUE, LUIS H  
 STREET ADDRESS: 1071 SW 139TH COVER  
 CITY - ST - ZIP: MIAMI, FL 33184

TITLE: VP  
 NAME: DUQUE, BERTA  
 STREET ADDRESS: 1071 SW 139TH COURT  
 CITY - ST - ZIP: MIAMI, FL 33184

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

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 STREET ADDRESS:  
 CITY - ST - ZIP:

**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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City, State, Phone #

ch. 136647 3-3-08 \$1219

*[Handwritten Signature]*  
 LUIS H. DUQUE 3/3/08

ATTACHMENT

66014138

~~#P96000037803~~

We sent  
the h. 1366V  
on 3-3-08  
in advance.  
Our apologize