

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000050674 1. Entity Name CARA NURSERIES S.E. INC.	
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Principal Place of Business 3300 HENDERSON BLVD TAMPA, FL 33609	Mailing Address 2060 LINDEN BLVD. ELMONT, NY 11003
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DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383531	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAHUM, JOSEPH
3208 W. MORRISON AVENUE
TAMPA, FL 33629**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000429547 02/22/06-80012-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAHUM, JOSEPH 3208 W MORRISON AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEP CARACCILO, JOSEPH SR 2060 LINDEN BLVD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARACCILO, CATHERINE 2060 LINDEN BLVD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARACCILO, JOSEPH A 2060 LINDEN BLVD ELMONT, NY 11003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 all other like empowered.

SIGNATURE: (Catherine Caracciolo) 2/6/06 516-285-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone