

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000050674

1. Entity Name
CARA NURSERIES S.E. INC.



Principal Place of Business
**3300 HENDERSON BLVD
TAMPA, FL 33609**

Mailing Address
**2060 LINDEN BLVD.
ELMONT, NY 11003**



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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

(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 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	

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03/15/07-80021-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

516-285-6000

Daytime Phone #