FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90041 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000050674

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

40056033

Principal Place of Business
3500 HENDERSON BLVD 3222 Azele ST.
TAMPA, FL 33609
33609-3209

Mailing Address
2060 LINDEN BLVD.
ELMONT, NY 11003

03042008 No Chg-P CR2E034 (11/05)

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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

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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 Catherine Caracciolo Sec 3/13/08
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, 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	P
NAME	SHAHUM, JOSEPH
STREET ADDRESS	3208 W MORRISON AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	CEP
NAME	CARACCIOLO, JOSEPH SR
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	T
NAME	CARACCIOLO, CATHERINE
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	S
NAME	CARACCIOLO, JOSEPH A
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3/13/08 516-285-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #