

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050674

Entity Name: CARA NURSERIES S.E. INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

3222 W. AZELLE STREET
TAMPA, FL 336093280

New Principal Place of Business:

3222 W. AZEELE STREET
TAMPA, FL 336093280

Current Mailing Address:

2060 LINDEN BLVD.
ELMONT, NY 11003

New Mailing Address:

FEI Number: 59-3383531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARACCILO, PAUL
3222 W. AZELLE STREET
TAMPA, FL 336093280 US

Name and Address of New Registered Agent:

CARACCILO, PAUL
3222 W. AZEELE STREET
TAMPA, FL 336093280 US

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.

SIGNATURE: PAUL CARACCILO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEP () Delete
Name: CARACCILO, JOSEPH SR
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: T () Delete
Name: CARACCILO, CATHERINE
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: S () Delete
Name: CARACCILO, JOSEPH A
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: VP () Delete
Name: CARACCILO, PAUL
Address: 6650 MARINA POINT VILLAGE COURT, APT. 306
City-St-Zip: TAMPA, FL 33633

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CARACCILO, JOSEPH
Address: 2060 LINDEN BLVD
City-St-Zip: ELMONT, NY 11003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARACCILO, PAUL
Address: 3222 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CARACCILO

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date