

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096276

Entity Name: SERGIO'S NURSERY, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

5960 SW 190 AVE
FT LAUDERDALE, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

5960 SW 190 AVENUE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

5960 SW 190 AVE
FT LAUDERDALE, FL 33332 US

FEI Number: 65-0710498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCLEMENTE, PATRICIA
2011 N. OCEAN BLVD
1201
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SANCLEMENTE, SERGIO
Address: 5960 S.W. 190 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: DVS () Delete
Name: SANCLEMENTE, MARIA P
Address: 5960 SW 190 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PATRICIA SANCLEMENTE

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date