

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

03-26-2007 90073 012 ***150.00

DOCUMENT # P97000005552 1. Entity Name J.A.'S NURSERY OF DADE, INC.	
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Principal Place of Business 16831 S.W. 216TH ST. MIAMI, FL 33170	Mailing Address 16831 S.W. 216TH ST. MIAMI, FL 33170
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0348868	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACOSTA, JUAN
16831 SW 216 ST
MIAMI, FL 33170

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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:  DATE: 03-14-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

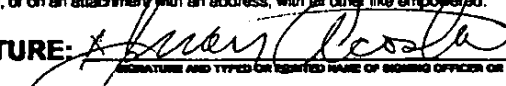
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, JUAN 16831 SW 216 ST MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACOSTA, MARIA 16831 SW 216 ST MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACOSTA, EDUARDO 16831 SW 216 ST MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 04-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR