2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
04-14-2008 90071 040 ***150.00

DOCUMENT # P97000067153

1. Entity Name
TROPICAL LANDSCAPE NURSERY INC.

Principal Place of Business	Mailing Address
12365 SW 56TH ST MIAMI, FL 33175 US	SANTIAGO & NADIA CASAMAYOR PO BOX 667598 MIAMI, FL 33166-9402 US

66009680

01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0771762
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASAMAYOR, NADIA
821 MESSINA AVE
CORAL GABLES, FL 33134

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

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

03-30-08

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASAMAYOR, NADIA
STREET ADDRESS	821 MESSINA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	CASAMAYOR, SANTIAGO SR. P
STREET ADDRESS	821 MESSINA AVEL
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	CASAMAYOR, SANTIAGO JR.
STREET ADDRESS	6722 N.W. 112 AVE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Nadia Casamayor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #