


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000052212 1. Entity Name KHAN'S NURSERY, INC.	
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Principal Place of Business 5425 S.W. 210 TERRACE FT. LAUDERDALE, FL 33332	Mailing Address 5425 S.W. 210 TERRACE FT. LAUDERDALE, FL 33332
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALVER, PAUL
2721 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331**

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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, HABEEB 5425 S.W. 210 TERRACE FT. LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MOONIAH 5425 S.W. 210 TERRACE FT. LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHAN, OMAR 5425 S.W. 210 TERRACE FT. LAUDERDALE, FL 33332
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**

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04/24/08-80052-017 150.00

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: Habeeb Khan **4-10-08** **680-9838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone