

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092325

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: LA FE NURSERY & LANDSCAPING INCORPORATED

**Current Principal Place of Business:**

16650 SW 199TH AVENUE  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

10370 SW 166TH COURT  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 65-0956915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIVERA, JULIAN  
10370 SW 166 COURT  
MIAMI, FL 33196 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: MR. ( ) Delete  
Name: RIVERA, JULIAN  
Address: 10370 SW 166TH COURT  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JULIAN RIVERA

MR.

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date