## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93659

City-St-Zip: HOMESTEAD, FL 33031

Entity Name: OCTAVIO TAYLOR NURSERY, INC.

FILED Apr 15, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
27501 SW HOMESTE	197 AVE EAD, FL 33031	US			
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
18401 SW 240 ST HOMESTEAD, FL 33031			12003 SW 248 ST HOMESTEAD, FL 33032		
FEI Number:	: 65-0294543	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
18401 SW HOMESTE The above	EAD, FL 33031	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Agr Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	NARANJO, LÙÍS 18401 SW 240 HOMESTEAD, F	ST	Name: Address: City-St-Zip:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address:	TAYLOR-NARAI 18401 SW 240	NJO, SYLVIA P	Name: Address:	( ) ondings ( ) induition	

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: SYLVIA TAYLOR P 04/15/2009