


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90015 013 ***150.00

DOCUMENT # V05494 1. Entity Name H & H FARMS NURSERY CORPORATION	
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Principal Place of Business 18401 W OKEECHOBEE RD MIAMI, FL 33015	Mailing Address 18401 W OKEECHOBEE RD MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0300229	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, PEDRO L 18401 W OKEECHOBEE RD MIAMI, FL 33015
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, PEDRO L. 5070 W 8TH AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, RICARDO J. 2627 W 10TH AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  **5/7/08**

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