

FILED
 Apr 24, 2006 08:00 AM
 Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | |
|--|---|---|
| DOCUMENT # V39103 | |  |
| 1. Entity Name FRAGA'S NURSERY, INC | | |
| Principal Place of Business 12300 SW 46 ST MIAMI, FL 33175-4728 | Mailing Address 12300 SW 46 ST MIAMI, FL 33175-4728 | |
| DO NOT WRITE IN THIS SPACE | |  04192000 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0339969 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 8. Name and Address of Current Registered Agent FRAGA, NORAM CARIDAD 12300 SW 46 ST MIAMI, FL 33175-4728 | | DO NOT WRITE IN THIS SPACE |
| 9. 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 _____ <small>Signature, name or print name of registered agent and fee if applicable. (NOTE: Registered Agent's name required when registering)</small> | | DATE _____ |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$500.00 | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U80000525741 05/04/06 88046 002 150 00 |
| DO NOT WRITE IN THIS SPACE | | |
| 11. OFFICERS AND DIRECTORS | | |
| TITLE | PTD | |
| NAME | FRAGA, OTTO FELIX | |
| STREET ADDRESS | 12300 SW 46 ST | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | SD | |
| NAME | FRAGA, NORAM CARIDAD | |
| STREET ADDRESS | 12300 SW 46 ST | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: <u>Miriam C. Fraga</u> | | 4-21-06 305-5599555 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYER, OFFICER, OR DIRECTOR</small> | | <small>Date Day/Mo/Year</small> |