

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156683

**Entity Name:** ROMEO'S NURSERY, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18000 S.W. 50TH STREET  
SOUTHWEST RANCHES, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

18000 S.W. 50TH STREET  
SOUTHWEST RANCHES, FL 33331 US

**New Mailing Address:**

**FEI Number:** 20-8250177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROMERO, MAXIM H  
18000 S.W. 50TH STREET  
SOUTHWEST RANCHES, FL 33331 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROMERO, MAXIM H .  
**Address:** 18000 S.W. 50TH STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33331 US

**Title:** VP  
**Name:** ROMERO, LAURO T  
**Address:** 18000 S.W. 50TH STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33331 US

**Title:** SEC  
**Name:** COBO, SYLVIA R .  
**Address:** 12 CASTLE HARBOR ISLE  
**City-St-Zip:** FORT LAUDERDALE, FL 33308 US

I hereby 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 all other like empowered.

**SIGNATURE:** SYLVIA R. COBO

SEC

04/25/2012

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

\_\_\_\_\_  
Date