

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 339209

Entity Name: COSTA NURSERY FARMS, INC.**Current Principal Place of Business:**21800 SW 162ND AVE
MIAMI, FL 33170**Current Mailing Address:**21800 SW 162ND AVE
MIAMI, FL 33170 US**FEI Number:** 59-1229374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABRERA, ARIANNA M
21800 SW 162ND AVE
MIAMI, FL 33170 US*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**Officer/Director Detail :**

Title VP, T, D
Name COSTA, JOSE A III
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title VP, S, D
Name SMITH, MARIA C
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title P, CEO, D
Name SMITH, JOSE I
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title D
Name COSTA, EDUARDO
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title D
Name SUAREZ, MARGARITA C
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title D
Name GREENE, GREG
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title D
Name STROUSE, ROBERT
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

Title D
Name WOOD, JIM
Address 21800 SW 162ND AVE
City-State-Zip: MIAMI FL 33170

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: JOSE A. COSTA III

VP

01/18/2016

Electronic Signature of Signing Officer/Director Detail_____
Date