

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000065102

**Entity Name:** LA CEIBA NURSERY, INC.

**Current Principal Place of Business:**

22850 SW 217 AVE  
MIAMI, FL 33170

**Current Mailing Address:**

PO BOX 900928  
HOMESTEAD, FL 33090

**FEI Number:** 65-1117467

**Certificate of Status Desired:** No

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

CARTAGENA, RAFAEL  
22850 SW 217 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 PD  
Name CARTAGENA, RAFAEL  
Address 22850 SW 217 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:** RAFAEL CARTAGENA

**PRESIDENT**

**02/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date