

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024053

**Entity Name:** ALL SEASONS LANDSCAPING & NURSERY, CORP

**Current Principal Place of Business:**

301 RACQUET CLUB ROAD # 309  
WESTON, FL 33326

**Current Mailing Address:**

301 RACQUET CLUB ROAD # 309  
WESTON, FL 33326

**FEI Number: 26-2124909**

**Certificate of Status Desired: Yes**

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

MARIN, RODRIGO  
301 RACQUET CLUB ROAD # 309  
WESTON, FL 33326 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 P  
Name MARIN, RODRIGO  
Address 301 RACQUET CLUB ROAD # 309  
City-State-Zip: WESTON FL 33326

Title VP  
Name MESA, FLOR M  
Address 301 RACQUET CLUB ROAD # 309  
City-State-Zip: WESTON FL 33326

Title CFO  
Name DIAZ, MATEO  
Address 301 RACQUET CLUB ROAD # 309  
City-State-Zip: WESTON FL 33326

Title TR  
Name DIAZ , JUAN SIMON  
Address 301 RACQUET CLUB ROAD # 309  
City-State-Zip: WESTON FL 33326

*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: RODRIGO MARIN**

**PRESIDENT**

**04/26/2016**

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

\_\_\_\_\_  
Date