

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000031020

**Entity Name:** GOVINDA'S GARDEN, INC

**Current Principal Place of Business:**

100 SOUTH MIAMI AVE #3  
MIAMI, FL 33130

**Current Mailing Address:**

100 SOUTH MIAMI AVE #3  
MIAMI, FL 33130

**FEI Number:** 45-1193175

**Certificate of Status Desired:** No

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

SILVA, MARINES D  
100 SOUTH MIAMI AVE  
STE 3  
MIAMI, FL 33130 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 SILVA, MARINES D  
Address 100 SOUTH MIAMI AVE - STE 3  
City-State-Zip: MIAMI FL 33130

Title TD  
Name SILVA, MARINES  
Address 915 NW 1ST AVE APT. H805  
City-State-Zip: MIAMI FL 33136

Title TVP  
Name SILVA, ROBERTO  
Address 915 NW 1ST AVE APT. H805  
City-State-Zip: MIAMI FL 33136

*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:** MARINES SILVA

WONER

03/17/2014

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

\_\_\_\_\_  
Date