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: MAKIR MARTINEZ

Electronic Signature of Signing Officer/Director Detail

MARTINEZ, MAKIR 344 NW 49 AVENUE PLANTATION, FL 33317 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:

Officer/Director Detail : Title Name Address

# 17349 SW 46TH STREET

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOL PALM & NURSERY CORP

DOCUMENT# P12000052086

#### **Current Principal Place of Business:**

SOUTH WEST RANCHES, FL 33331

### **Current Mailing Address:**

344 NW 49 AVENUE PLANTATION FL 33317 US

City-State-Zip: PLANTATION FL 33317

## FEI Number: 45-5522435

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Director Detail.					
	P	Title	VP		
	MARTINEZ, MAKIR	Name	HERNANDEZ, MARTA E		
	344 NW 49 AVENUE	Address	17349 SW 46 ST		
-Zip:	PLANTATION FL 33317	City-State-Zip:	SOUTH WEST RANCHES FL 33331		

FILED May 01, 2018 Secretary of State CC5782171246

Date

Certificate of Status Desired: No

Date

05/01/2018

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