

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000098689

**Entity Name:** A E & S NURSERY INC

**Current Principal Place of Business:**

20250 SW 177TH AVE  
MIAMI, FL 33187

**Current Mailing Address:**

503 NW 5TH AVE APT1512  
HOMESTEAD, FL 33034 US

**FEI Number:** 47-2543665

**Certificate of Status Desired:** No

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

OLIVARES, HERBERT  
503 NW 5TH AVE APT1512  
HOMESTEAD, FL 33034 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:** HERBERT OLIVARES

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY

Name OLIVARES, ANDRES

Address 503 NW 5TH AVE APT 1512

City-State-Zip: HOMESTEAD FL 33034

Title PRESIDENT

Name OLIVARES, HERBERT

Address 503 NW 5TH AVE APT 1512

City-State-Zip: HOMESTEAD FL 33034

*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:** ANDRES OLIVARES

SECRETARY

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date