

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000028786

**Entity Name:** VISUALSCAPE NURSERY, INC.

**Current Principal Place of Business:**

17801 NW 137 AVE  
HIALEAH, FL 33018

**Current Mailing Address:**

17801 NW 137 AVE  
HIALEAH, FL 33018 US

**FEI Number: 82-1078473**

**Certificate of Status Desired: No**

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

VILA, IVAN C  
9820 SW 76 STREET  
MIAMI, FL 33173 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 VILA, IVAN C  
Address 9820 SW 76 STREET  
City-State-Zip: MIAMI FL 33173

Title VP  
Name VILA, IVAN C  
Address 9820 SW 76 STREET  
City-State-Zip: MIAMI FL 33173

Title S  
Name VILA, IVAN C  
Address 9820 SW 76 STREET  
City-State-Zip: MIAMI FL 33173

Title T  
Name VILA, IVAN C  
Address 9820 SW 76 STREET  
City-State-Zip: MIAMI FL 33173

*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: IVAN VILA**

**PRESIDENT**

**01/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date