

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000085405

**Entity Name:** ALEXA'S NURSERY INC

**Current Principal Place of Business:**

31031 SW 214TH AVENUE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

15350 SW 308TH STREET  
LEISURE CITY, FL 33033 US

**FEI Number:** 84-3722398

**Certificate of Status Desired:** No

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

CANO, ROBERTO J  
3275 SW 27TH TERRACE  
MIAMI, FL 33133 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 SAUCEDO, MARIA D  
Address 15350 SW 308TH STREET  
City-State-Zip: LEISURE CITY FL 33033

Title VP  
Name MATA, JOSE L  
Address 15350 SW 308TH STREET  
City-State-Zip: LEISURE CITY FL 33033

*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:** MARIA D SAUCEDO

**PRESIDENT**

**06/22/2020**

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

\_\_\_\_\_  
Date