

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058321

**Entity Name:** J & A NURSERY, INC.

**Current Principal Place of Business:**

19460 SW 187 AVE  
MIAMI, FL 33187

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC0571473303**

**Current Mailing Address:**

19460 SW 187 AVE  
MIAMI, FL 33187

**FEI Number:** 65-0765155

**Certificate of Status Desired:** No

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

SUAREZ, JOAQUIN B  
19460 SW 187 AVE  
MIAMI, FL 33187 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	DP	Title	DST
Name	YZAGUIRRE, ANDRES	Name	SUAREZ, JOAQUIN
Address	19460 SW 187 AVE	Address	19460 SW 187 AVE
City-State-Zip:	MIAMI FL 33187	City-State-Zip:	MIAMI FL 33187

*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 YZAGUIRRE

**PRESIDENT**

**03/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date