

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 663900

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** TRIPLE O NURSERY FARMS, INC.

**Current Principal Place of Business:**

14750 SW 248 STREET  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

14750 SW 248 STREET  
HOMESTEAD, FL 33032

**New Mailing Address:**

**FEI Number:** 59-2079493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMAURY DOMINGUEZ  
26700 SW 174 PLACE  
HOMESTEAD, FL 33031 US

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

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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: DOMINGUEZ, OBDULIA  
Address: 24450 SW 152 AVE  
City-St-Zip: HOMESTEAD, FL 33032

Title: PD  
Name: DOMINGUEZ, AMAURY  
Address: 26700 SW 174 PLACE  
City-St-Zip: HOMESTEAD, FL 33031

Title: VD  
Name: DOMINGUEZ, OSCAR  
Address: 24450 SW 152 AVE  
City-St-Zip: HOMESTEAD, FL 33032

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: AMAURY DOMINGUEZ

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date