

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F79412

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** VILA AND SON NURSERY CORP

**Current Principal Place of Business:**

20451 S.W. 216 ST.  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

20451 S.W. 216 ST.  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 59-2189458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILA, MARIA P  
20451 SW 216 ST  
MIAMI, FL 33170 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: P  
Name: VILA, BAUDILIO  
Address: 20451 SW 216TH STREET  
City-St-Zip: MIAMI, FL 33170

Title: S  
Name: VILA, MARIA DEL P  
Address: 20451 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170

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 VILA

OFF

03/15/2012

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

\_\_\_\_\_  
Date