

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L99787

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL PALMS NURSERY INC.

**Current Principal Place of Business:**

16405 SW 177 AVE  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161472  
MIAMI, FL 33116

**New Mailing Address:**

**FEI Number:** 65-0215092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUIDO, MARITZA  
14420 SW 94 AVE  
MIAMI, FL 33176 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: PST  
Name: GUIDO, MARITZA  
Address: 14420 SW 94 AVE  
City-St-Zip: MIAMI, FL 33176

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: MARITZA GUIDO

PST

04/27/2011

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

\_\_\_\_\_  
Date