

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M51518

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CID & SON GARDEN NURSERY INC.

**Current Principal Place of Business:**

5130 S.W. 210TH TERRACE  
FT. LAUDERDALE, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

5130 S.W. 210TH TERRACE  
FT. LAUDERDALE, FL 33332

**New Mailing Address:**

**FEI Number:** 65-0002004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CID, RIGOBERTO  
5130 S.W. 210TH TERRACE  
FT. LAUDERDALE, FL 33332 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: PTD  
Name: CID, RIGOBERTO  
Address: 5130 SW 210TH TER  
City-St-Zip: FT. LAUDERDALE, FL

Title: SVD  
Name: CID, AMPARO  
Address: 5130 SW 210TH TER  
City-St-Zip: FT. LAUDERDALE, FL

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: RIGOBERTO CID

PTD

03/16/2011

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

\_\_\_\_\_  
Date