

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000054765

Entity Name: JAIMES NURSERY, INC.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20175 SW 248TH STREET  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

19205 SW 185 CT  
MIAMI, FL 33187

**New Mailing Address:**

FEI Number: 65-1021470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAIMES, OTONIEL  
19205 SW 185 CT  
MIAMI, FL 33187 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: PD  
Name: JAIMES, OTONIEL  
Address: 19205 SW 185 CT  
City-St-Zip: MIAMI, FL 33187

Title: STD  
Name: JAIMES, AURORA  
Address: 19205 SW 185 CT  
City-St-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: OTONIEL JAIMES

PRES

02/08/2012

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

\_\_\_\_\_  
Date