

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083554

Entity Name: MAYRA NURSERY, INC

FILED  
Jan 18, 2012  
Secretary of State

**Current Principal Place of Business:**

19850 SW 392ND ST.  
HOMESTEAD, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 343433  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: 65-1132136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALBAN, LAZARO  
19850 SW 392 ST  
FLORIDA CITY, FL 33034 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: GALBAN, LAZARO  
Address: PO BOX 343433  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP  
Name: MENDIZABAL, MAYRA  
Address: PO BOX 343433  
City-St-Zip: FLORIDA CITY, FL 33034

Title: S  
Name: GALBAN, LAZARO JR  
Address: PO BOX 343433  
City-St-Zip: FLORIDA CITY, FL 33034

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: LAZARO GALBAN

PD

01/18/2012

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

\_\_\_\_\_  
Date