

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119902

**Entity Name:** SOFIA'S NURSERY, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4100 S. FLAMINGO RD  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

3339 MCKINLEY ST  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 60-0000881      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBERT, HERMAN N P.A.  
8751 W. BROWARD DWD  
PLANTATION, FL 33324 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: GARMIZO, MANUEL  
Address: 3339 MCKINLEY ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD  
Name: GARMIZO, SOFIA  
Address: 3339 MCKINLEY ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S  
Name: GARMIZO, JAIME  
Address: 20210 NE 23 COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

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: MANUEL GARMIZO

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01/05/2011

Electronic Signature of Signing Officer or Director

Date