

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 017 ***150.00

DOCUMENT # P02000102706

1. Entity Name
CAPOTE NURSERY, INC.



Principal Place of Business
**17035 SW 189 AVENUE
MIAMI, FL 33187**

Mailing Address
**17035 SW 189 AVENUE
MIAMI, FL 33187**

40106410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

14-1847521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPOTE, JOSE LUIS
17035 SW 189TH AVE
MIAMI, FL 33187**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
CAPOTE, JOSE LUIS
10735 SW 189TH AVE
MIAMI, FL 33187** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/07
Date

7865248966
Daytime Phone #