

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000095266

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** ADMEE NURSRY FARMS, INC.

**Current Principal Place of Business:**

14490 SW 41 STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14490 SW 41 STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-1395009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILANES, JOSE  
14490 SW 41 STREET  
MIRAMAR, FL 33027 US

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

MILANES, MAYRA  
14490 SW 41 STREET  
MIRAMAR, FL 33027 US

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: MAYRA MILANES

04/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MILANES, JOSE  
Address: 14490 SW 41 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: DVS  
Name: MILANES, MAYRA  
Address: 14490 SW 41 STREET  
City-St-Zip: MIRAMAR, FL 33027

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: MAYRA MILANES

DVS

04/22/2012

Electronic Signature of Signing Officer or Director

Date