

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000101258

Entity Name: MY PARADISE NURSERY, INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18800 SW 137 AVENUE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

18800 SW 137 AVENUE  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 56-2468962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WANSHEL, LAURENCE A ESQ.  
12515 N. KENDALL DRIVE  
SUITE 210  
MIAMI, FL 33176 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: P  
Name: MEDINA, RAUL JR.  
Address: 7870 SW 74 STREET  
City-St-Zip: MIAMI, FL 33143

Title: V  
Name: MORENO, ARNALDO  
Address: 11521 SW 132 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: ST  
Name: MORENO, MERCEDES C  
Address: 11521 SW 132 AVENUE  
City-St-Zip: MIAMI, FL 33186

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: MERCEDES C MORENO

SEC

04/12/2011

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

\_\_\_\_\_  
Date