

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132035

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** DION'S NURSERY & TRANSPORT SERVICE INC.

**Current Principal Place of Business:**

20520 SW 207TH AVE.  
MIAMI, FL 33187

**New Principal Place of Business:**

20700 SW 207TH AVE.  
MIAMI, FL 33187

**Current Mailing Address:**

PO BOX 110355  
HIALEAH, FL 33011

**New Mailing Address:**

**FEI Number:** 20-2300364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIL, DIONISIO  
20520 SW 207TH AVE.  
HIALEAH, FL 33187 US

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

GIL, DIONISIO  
20700 SW 207TH AVE.  
HIALEAH, FL 33187 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: DIONISIO GIL

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIL, DIONISIO  
Address: 20700 SW 207TH AVE.  
City-St-Zip: MIAMI, FL 33187

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: DIONISIO GIL

P

01/27/2011

Electronic Signature of Signing Officer or Director

Date