

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058255

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** LAS MERCEDES NURSERY, INCORPORATED

**Current Principal Place of Business:**

18925 SOUTHWEST 224 ST.  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

18925 SOUTHWEST 224 ST.  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 20-2751185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO, LILLIAN M  
15287 SW 32ND TERRACE  
MIAMI, FL 33185 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GALGUERA, JOSE A  
Address: 9820 SW 44 ST  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: TORRES, IVON  
Address: 9820 SW 44 ST  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVON TORRES

D

04/30/2009

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

\_\_\_\_\_ Date