

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000046373

Entity Name: TUCANO NURSERY, INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

23985 SW 182 AVE  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

23985 SW 182 AVE  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

FEI Number: 65-0497172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLIUMFELDAS, VIDMANTAS K  
23985 SW 182 AVE  
HOMESTEAD, FL 33031 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: D  
Name: BLIUMFELDAS, VIDMANTAS K  
Address: 23985 SW 182 AVE  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: D  
Name: BLIUMFELDAS, AUREA M  
Address: 23985 SW 182 AVE  
City-St-Zip: HOMESTEAD, FL 33031 US

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: VIDMANTAS K BLIUMFELDAS

PRES

03/09/2011

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

\_\_\_\_\_  
Date