

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068765

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: OTERO NURSERIES, INC.

**Current Principal Place of Business:**

9351 155TH LANE SO  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

9380 155TH LANE SO  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 65-0523879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGEL OTERO  
9380 155TH LANE SOUTH  
DELRAY BCH, FL 33446 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: OTERO, ANGEL  
Address: 9380 155TH LANE SOUTH  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP  
Name: OTERO, BENJAMIN  
Address: 9351 155TH LANE SOUTH  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T  
Name: SERNA, LIRIO L  
Address: 9351 155TH LANE SOUTH  
City-St-Zip: DELRAY BEACH, FL 33446

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: ANGEL OTERO

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

OWNE

04/30/2011

\_\_\_\_\_ Date