

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000096276

Entity Name: SERGIO'S NURSERY, INC.

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5960 SW 190 AVE  
FT LAUDERDALE, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

5960 SW 190 AVE  
FT LAUDERDALE, FL 33332 US

**New Mailing Address:**

FEI Number: 65-0710498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCLEMENTE, PATRICIA  
2011 N. OCEAN BLVD  
1201  
FORT LAUDERDALE, FL 33305 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: DPT  
Name: SANCLEMENTE, SERGIO  
Address: 5960 S.W. 190 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: DVS  
Name: SANCLEMENTE, MARIA P  
Address: 5960 SW 190 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: PATRICIA SANCLEMENTE

V.P.

03/11/2011

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

\_\_\_\_\_  
Date