

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V39103

Entity Name: FRAGA'S NURSERY, INC

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12300 SW 46 ST  
MIAMI, FL 331754728

**New Principal Place of Business:**

**Current Mailing Address:**

12300 SW 46 ST  
MIAMI, FL 331754728

**New Mailing Address:**

FEI Number: 65-0339969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAGA, NORAM CARIDAD  
12300 SW 46 ST  
MIAMI, FL 331754728 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: PTD  
Name: FRAGA, OTTO FELIX  
Address: 12300 SW 46 ST  
City-St-Zip: MIAMI, FL

Title: SD  
Name: FRAGA, NORAM CARIDAD  
Address: 12300 SW 46 ST  
City-St-Zip: MIAMI, FL

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: OTTO FRAGA

P

06/14/2011

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

\_\_\_\_\_  
Date