

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G64753

**Entity Name:** TOMACO NURSERY, INC.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 402  
CORAL GABLES, FL 33134

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 402  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2343335

**Certificate of Status Desired:** No

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

TORRES, JOSE M  
901 PONCE DE LEON BLVD.  
SUITE 402  
CORAL GABLES, FL 33134 US

*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:** JOSE M TORRES

01/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, VP, T  
Name COSTA, MARIA E.  
Address 901 PONCE DE LEON BLVD.  
SUITE 402  
City-State-Zip: CORAL GABLES FL 33134

Title D, P, S  
Name SMITH, MARIA COSTA  
Address 901 PONCE DE LEON BLVD.  
SUITE 402  
City-State-Zip: CORAL GABLES FL 33134

*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:** MARIA COSTA SMITH

**PRESIDENT**

01/29/2020

Electronic Signature of Signing Officer/Director Detail

Date