

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083554

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC8238511353**

**Entity Name:** MAYRA NURSERY, INC

**Current Principal Place of Business:**

19850 SW 392ND ST.  
HOMESTEAD, FL 33034

**Current Mailing Address:**

PO BOX 343433  
FLORIDA CITY, FL 33034

**FEI Number:** 65-1132136

**Certificate of Status Desired:** No

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

GALBAN, LAZARO  
19850 SW 392 ST  
FLORIDA CITY, FL 33034 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name GALBAN, LAZARO  
Address PO BOX 343433  
City-State-Zip: FLORIDA CITY FL 33034

Title VP  
Name MENDIZABAL, MAYRA  
Address PO BOX 343433  
City-State-Zip: FLORIDA CITY FL 33034

Title S  
Name GALBAN, LAZARO JR  
Address PO BOX 343433  
City-State-Zip: FLORIDA CITY FL 33034

*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:** LAZARO GALBAN

PD

01/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date