

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088153

**Entity Name:** ACOSTA NURSERY OF DADE, INC

**Current Principal Place of Business:**

16831 SW 216 ST  
MIAMI, FL 33170

**Current Mailing Address:**

21951 SW 167 AVE  
MIAMI, FL 33170

**FEI Number:** 45-3575774

**Certificate of Status Desired:** No

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

ACOSTA, JUAN  
21951 SW 167 AVE  
MIAMI, FL 33170 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:** JUAN ACOSTA

02/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ACOSTA, JUAN  
Address        21951 SW 167 AVE  
City-State-Zip: MIAMI FL 33170

*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:** JUAN ACOSTA

PRESIDENT

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date