

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000026779

**Entity Name:** ZOILA MIRIAM NURSERY INC

**Current Principal Place of Business:**

21361 SW 238 ST  
MIAMI, FL 33031

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC2272017402**

**Current Mailing Address:**

1290 KIA DR  
HOMESTEAD, FL 33033

**FEI Number: 46-2366652**

**Certificate of Status Desired: No**

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

NUNEZ, FRANCISCA  
1290 KIA DR  
HOMESTEAD, FL 33033 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 P/T  
Name NUNEZ, FRANCISCA  
Address 1290 KIA DR  
City-State-Zip: HOMESTEAD FL 33033

Title VP/S  
Name NUNEZ, JOSE A  
Address 1290 KIA DR  
City-State-Zip: HOMESTEAD FL 33033

*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: NUNEZ , FRANCISCA**

**P**

**03/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date