

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000068987

**Entity Name:** BARBARA FLORERIA Y BOTANICA INC

**FILED  
Apr 10, 2017  
Secretary of State  
CC5099555087**

**Current Principal Place of Business:**

4044 W 12TH AVE  
SUITE B  
HIALEAH, FL 33012

**Current Mailing Address:**

4044 W 12TH AVE  
SUITE B  
HIALEAH, FL 33012

**FEI Number: 65-0508621**

**Certificate of Status Desired: No**

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

CAPOTE, LEONILES D  
4044 W 12TH AVE  
SUITE B  
HIALEAH, FL 33012 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	Title	VP
Name	CAPOTE, LEONILES D	Name	CAPOTE, LUIS A
Address	17545 NW 49TH CT	Address	4151 WEST 9TH COURT
City-State-Zip:	OPA LOCKA FL 33055	City-State-Zip:	HIALEAH FL 33012

*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: LEONILES CAPOTE**

**PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_  
Date