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.

PRESIDENT

SIGNATURE: MANUELA MONS

Electronic Signature of Signing Officer/Director Detail

# 12480 SW 218 STREET MIAMI, FL 33177

**Current Principal Place of Business:** 

Entity Name: MANUELA ORCHID GARDEN INC

### **Current Mailing Address:**

DOCUMENT# P16000082888

12480 SW 218 STREET MIAMI, FL 33170 US

### FEI Number: 81-4136873

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

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT** 

MONS, MANUELA 12480 SW 218 STRRET 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	: MANUELA MONS		06/23/2020		
	Electronic Signature of Registered Agent		Date		
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	MONS, MANUELA	Name	BLANCO, AYLIN SR.		
Address	12480 SW 218 STREET	Address	12480 SW 218 STREET		
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33177		

## FILED Jun 23, 2020 Secretary of State 8973829470CC

Certificate of Status Desired: No

Date

06/23/2020