

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000017773

**Entity Name:** TOP TURF MIAMI INC

**Current Principal Place of Business:**

8880 NW 24TH TERRACE  
DORAL, FL 33172

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**4212098693CC**

**Current Mailing Address:**

8880 NW 24TH TERRACE  
DORAL, FL 33172 US

**FEI Number: 81-5450133**

**Certificate of Status Desired: No**

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

GOMEZ, ANGELICA  
929 SW 122ND AVE  
MIAMI, FL 33184 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 VP  
Name SARABIA DE CAROSO, AILET  
Address 10350 SW 7TH TERR  
City-State-Zip: MIAMI FL 33174

Title P  
Name CAROSO, CAMILO J  
Address 10350 SW 7TH TERR  
City-State-Zip: MIAMI FL 33174

Title S  
Name CAROSO, GABRIEL  
Address 10350 SW 7TH TERRACE  
City-State-Zip: MIAMI FL 33174

Title PTD  
Name RINCON, YONMAR  
Address 8880 NW 24TH TERRACE  
City-State-Zip: DORAL FL 33172

Title T  
Name SARABIA DE CAROSO, AILET  
Address 10350 SW 7TH TERRACE  
City-State-Zip: MIAMI FL 33174

Title PTD  
Name RINCON, YORMAR  
Address 8880 NW 24TH TERRACE  
City-State-Zip: DORAL FL 33172

Title P  
Name CAROSO, CAMILO J  
Address 10350 SW 7TH TERRACE  
City-State-Zip: MIAMI FL 33174

Title VP  
Name ECHEVARRIA, MICHELLE  
Address 10535 SW 154TH CT APT 6  
City-State-Zip: MIAMI FL 33196

**Continues on page 2**

*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: SARABIA DE CAROSO , AILET**

**VP**

**03/29/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title T  
Name SARABIA DE CAROSO, AILET  
Address 10350 SW 7TH TERRACE  
City-State-Zip: MIAMI FL 33174

Title S  
Name CAROSO, GABRIEL  
Address 10350 SW 7TH TERRACE  
City-State-Zip: MIAMI FL 33174

Title D  
Name RINCON, YORMAR  
Address 351 NW 152ND ND LN  
City-State-Zip: PEMBROKE PINES FL 33028