

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000013695

**Entity Name:** ALUGONESS NURSERY INC

**Current Principal Place of Business:**

16045 SW 280 ST  
HOMESTEAD, FL 33031

**Current Mailing Address:**

16045 SW 280 ST  
HOMESTEAD, FL 33031 US

**FEI Number: 86-2127073**

**Certificate of Status Desired: No**

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

LUGONES, JULIO  
16045 SW 280 ST  
HOMESTEAD, FL 33031 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	LUGONES, JULIO	Name	LUGONES, NORA M
Address	16045 SW 280 ST	Address	16045 SW 280 ST
City-State-Zip:	HOMESTEAD FL 33031	City-State-Zip:	HOMESTEAD FL 33031

*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: JULIO LUGONES**

**PRESIDENT**

**02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date