2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90053 017 ***158.75

DOCUMENT # M24649

1. Entity Name

A NATIVE TREE SERVICE, INC.

Principal Place of Business	Mailing Address
15733 SW 117 AVE MIAMI FL 33177	15733 SW 117 AVE MIAMI FL 33177

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2613393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~TOMASETTI, DAYNE~~
~~10420 SW 58 ST~~
~~MIAMI FL 33173~~

7. Name and Address of New Registered Agent

Name TOMASETTI, DAYNE
Street Address (P.O. Box Number is Not Acceptable)
15733 SW 117th AVENUE
City Miami **FL** Zip Code 33177

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Dayne Tomasetti 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD TOMASETTI, DAYNE ~~10420 SW 58 ST~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 15733 SW 117 AVENUE Miami, FL 33177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOMASETTI, ANGELA ~~10420 SW 58TH ST~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 15733 SW 117 AVENUE Miami, FL 33177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAYNE TOMASETT ~~10420 SW 58TH ST~~ ~~MIAMI FL 33173~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 15733 SW 117 AVENUE Miami, FL 33177
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Angela Tomasetti 3/29/04 305 238 1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #