

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000702

FILED
Apr 12, 2008
Secretary of State

Entity Name: NEWFOREST LANDSCAPING INC.

Current Principal Place of Business:

19390 S.W. 312 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

19390 S.W. 312 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1081798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MANUEL PRE
19390 S.W. 312 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, MANUEL
Address: 119390 S.W.
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Delete
Name: GONZALEZ, ANGIE
Address: 19390 S.W. 312 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: S (X) Delete
Name: GONZALEZ, MANUEL E
Address: 19390 S.W. 312 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Delete
Name: GONZALEZ, ALEXIS
Address: 19390 S. W. 312 ST
City-St-Zip: MIAMI, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, MANUEL
Address: 19390 S. W. 312 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: M GONZALEZ

P

04/12/2008

Electronic Signature of Signing Officer or Director

_____ Date