


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

3. **Mar 19, 2007 8:00 am**
Secretary of State

03-01-2007 90017 041 ***150.00

DOCUMENT # P02000070830 1. Entity Name TWQ LANDSCAPING, INC.	
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Principal Place of Business 6700 GRIFFIN RD # K DAVIE, FL 33314	Mailing Address 6700 GRIFFIN RD # K DAVIE, FL 33314
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3699243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARISTIZABAL, RAMIRO 6700 GRIFFIN RD, STE K DAVIE, FL 33314
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARISTIZABAL, RAMIRO 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARISTIZABAL, MAGDA 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARISTIZABAL, XIMERA 5993 SW 43 STREET DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ramiro Aristizabal 03-15-07 954-968-6254
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #