2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90320 040 ***150.00

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03282005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000004830

1. Entity Name
E.V. LAWN CARE, INC.

Principal Place of Business	Mailing Address
3961 NW 67 AVE., #4 VIRGINIA GARDENS, FL 33166	3961 NW 67 AVE., #4 VIRGINIA GARDENS, FL 33166

2. Principal Place of Business		3. Mailing Address	
440 Oriole Avenue		440 Oriole Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Springs, FL		City & State: Miami Springs, FL	
Zip: 33166	Country: Miami-Dade	Zip: 33166	Country: Miami-Dade

4. FEI Number 16-1648456 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLARROEL, EDUARD
438 ORIOLE AVE
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent

Name: Villarroel, Eduard
Street Address (P.O. Box Number is Not Acceptable): 440 Oriole Ave
Miami Springs, FL 33166
City FL Zip Code

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 ______________________
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, 2005 Fee will be $550.00

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	P VILLARROEL, EDUARD 438 ORIOLE AVE MIAMI SPRINGS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Villarroel Eduard 440 Oriole Ave Miami Springs, FL 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 04-22-05 786-306-9721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #