

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 033 ***150.00

DOCUMENT # P03000128586 1. Entity Name SMOOTH CUTS LAWN SERVICE & LANDSCAPING, INC.					
Principal Place of Business 15890 SW 200 ST MIAMI, FL 33187-2902			Mailing Address 15890 SW 200 ST MIAMI, FL 33187-2902		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122007 Chg-P CR2E034 (12/06)	
4. FEI Number 38-3695899				Approved For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ISMAEL JR 15890 SW 200 ST MIAMI, FL 33187-2902				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 <u><i>Ismael Garcia Jr.</i></u> DATE <u>3/23/07</u> (Signature typed or printed name of registered agent and title 2007 2006) (NOTE: Registered Agent signature required when registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GARCIA, ISMAEL JR 15890 SW 200 ST MIAMI, FL 331872902	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GARCIA, YESENIA 15890 SW 200 ST MIAMI, FL 331872902	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
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 addresses, with all other like empowered.					
SIGNATURE: <u><i>Ismael Garcia Jr.</i></u> DATE <u>3/23/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					