

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021273

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: COAST 2 COAST LANDSCAPING, INC.

**Current Principal Place of Business:**

17351 SW 150TH COURT  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

17351 SW 150TH COURT  
MIAMI, FL 33187

**New Mailing Address:**

FEI Number: 20-0675130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIBERTY BUSINESS SERVICES, INC.  
8202 NW 103RD STREET  
HIALEAH GARDENS, FL 33016 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: PD ( ) Delete  
Name: DELGADO, OMAR  
Address: 17351 SW 150TH COURT  
City-St-Zip: MIAMI, FL 33187

Title: STD ( ) Delete  
Name: DELGADO, SORAYA  
Address: 17351 SW 150TH COURT  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: OMAR DELGADO

PD

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date