## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS

**DOCUMENT #** 

Principal Place of Business

1495 W 3RD AVE

STREET ADDRESS.

On Star

COLY ST 28

TillE

NAME

P93000070440 (1)

Mailing Address

1495 W 3RD AVE

ISRAEL LANDSCAPING & TREE SERVICE, INC.

| MALEAM PL 33010                                 |   | HIALEAH FL 33010           | HIALEAH FL 33010                 |                     |   |                 |                               |  |
|---|---|----------------------------|----------------------------------|---------------------|---|-----------------|-------------------------------|--|
|   |   |                            |                                  |                     | <ol> <li>Date incorporated or Qualified<br/>10/04/1993</li> </ol> | 3a. Date of Las | st Report<br>3/1995           |  |
| 2. Principal Par                                | be of Business  | 2a. Mailing Address        |                                  |                     | 4. FEI Number   | 1 07/00         | Applied For                   |  |
| 21  |   | 26                         |                                  |                     | 65-0459164  | -               | Not Applicable                |  |
| Suite, Apt. #.                                  | eto.  | Suite, Apt #, etc.         |                                  |                     | 5. Certificate of Status Desired                                  | 1 1 7 "         | .75 Additional<br>ee Required |  |
| City & State                                    |   | City & State               |                                  | <del></del>         | 6. Election Campaign Financing                                    | ···             | .00 May Be                    |  |
| <b>3</b> ]                                      |   | 28                         |                                  |                     | Trust Fund Contribution   |                 | ded to Fees                   |  |
| - Zıçı<br>- I                                   | Country   | , Zip                      | Country                          | <i>f</i>            | 8. This corporation has liability for it                          |                 | rs 199.032,                   |  |
| <del> </del>                                    | 25  | 29                         | [30]                             |                     | Florida Statutes Yes  | _               |                               |  |
| 9. Name and Address of Current Registered Agent |   |                            |                                  | T. N                | 10. Name and Address of New Registered Agent                      |                 |                               |  |
| 011000  | 0 144514 F  |                            | 81                               | Name                |   |                 |                               |  |
|   | S, MARIA E  |                            | 82                               | Street Add          | dress (P.O. Box Number is Not Acceptabl                           | e)              |                               |  |
|   | ' 3RD AVE<br>H FL 33010                                   |                            | 83                               | <del> </del>        |   |                 |                               |  |
| HIALEA  | n FL 33010  |                            | 53                               |                     |   |                 |                               |  |
|   |   |                            | 84                               | City                |   | FI 85           | Zip Code                      |  |
| 12.   | grafus i Specifica protectinama consumbassio.  OFFICE RSS | agnotant time tappinate (N | .FTE Registered Age              | nt signature requir |   | DATE -          | 70004                         |  |
| THE T   | DP  | [] DELETE                  | 1 1 THILE                        | T                   | ADDITIONS/CHANGES TO OFFI   | CERS AND DIREC  |                               |  |
| AMI   | BURGOS, ISRAEL A  | 1.2                        |                                  |                     |   |                 | to D yaquton                  |  |
| PREMIADOR: SS                                   | 1495 W 3RD AVE  |                            |                                  | ADDRESS             |   |                 |                               |  |
| dr St Zer                                       | HIALEAH FL 33010  |                            | 14 CITY-5                        | ST-2:P              |   |                 |                               |  |
| 11:   | DVTS  | DELETE                     | 2 1 TITLE                        |                     |   | Chang           | ge 🔲 Addition                 |  |
| AMi   | BURGOS, MARIA E   |                            | 22 NAME                          |                     |   |                 |                               |  |
| ERFLADORISS                                     | 1495 W 3RD AVE  |                            | 2.3 STREET ADDRESS               |                     |   |                 |                               |  |
| efy-SE-Zie<br>ifte                              | HIALEAH FL 33010  |                            | 2 4 CrTY - ST - ZIP              |                     |   |                 |                               |  |
| 28A:  |   |                            | 3 1 TIFLE                        |                     |   | ☐ Chang         | ge   Addition                 |  |
| TREE CALIDRESS                                  |   |                            | 3 2 NAME                         | r Ationeeco         |   |                 |                               |  |
| En Si Ziri                                      |   |                            |                                  | T ADDRESS           |   |                 |                               |  |
| 10  |   | DELETE                     | 3 4 CITY - ST - ZIP<br>4 1 TITLE |                     |   | Chang           | ge                            |  |
| IAM   |   | -                          | 4.2 NAME                         |                     |   | EJ Sharig       | to Tamouni                    |  |
| BELL ADDRESS                                    |   |                            | 4 3 STREET                       | ADURESS             |   |                 | -                             |  |
| 01Y - \$1 - ZaP                                 |   |                            | 4.4 CHY - 5                      | ST - ZIP            |   |                 |                               |  |
| HELF  |   | DELETE                     | 5 1 TIFLE                        |                     |   | Chang           | ge 🗀 Addition                 |  |

14. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onto, 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 12 or Block 13 if changed, or on an attachment with an address.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELFIE

5.3 STHEET ADDRESS

5 4 CITY - ST - 7IP

€ 4 CITY - ST - ZIP

Change

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Addition

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