## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000135656

Address:

190 NE 214TH STREET

City-St-Zip: MIAMI, FL 33179

Entity Name: SERENITY LAWN SERVICES, INC.

FILED Mar 06, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
190 NE 21 MIAMI, FL	33179				
Current Mailing Address:			New Mailing Address:		
190 NE 21 MIAMI, FL	14TH STREET 33179				
FEI Number	: 20-5776278	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:	
	N, LEONARD 14TH STREET 33179 US				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both	
SIGNATU					
		ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () SOLOMON, LE 190 NE 214TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () JAMES, CHRIS 190 NE 214TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (X) SOLOMON, KE 190 NE 214TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S (X) SOLOMON, DO 190 NE 214TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T (X) SOLOMON, LE	Delete ONARD JR.	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: LEONARD SOLOMON P 03/06/2007