## 2007 FOR PROFIT CORPORATION

## Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000154578 04-26-2007 90221 017 \*\*\*150.00 1. Entity Name MANNY'S AND SON LANDSCAPING INC. Principal Place of Business Mailing Address 238 109TH STREET OCEAN 238 109TH STREET OCEAN MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 30-8590159 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENA, YADIR A Street Address (P.O. Box Number is Not Acceptable) 238 109TH STREET OCEAN MARATHON, FL 33050 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete PENA, YADIR A NAME NAME 238 109TH STREET OCEAN STREET ADDRESS STREET ADDRESS CITY-ST-7IP MARATHON, FL 33050 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE TORRES, MANUEL NAME NAME STREET ADDRESS 238 109TH STREET OCEAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON, FL 33050 ☐ Delete TITLE ☐ Change ☐ Addition TITLE DE LA TORRE, MARGARITA NAME NAME STREET ADDRESS 238 109TH STREET OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

12. I hereby certify that the information supplied with this fliing 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 too 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 like empowered. n attachment with an address changed, or on a

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #

FILED