

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000070383**



1. Entity Name  
**PROFESSIONAL LAWN SERVICE & LANDSCAPING, INC.**

Principal Place of Business

**19780 SW 177 AVE  
PMB 165  
MIAMI, FL 33187**

Mailing Address

**19780 SW 177 AVE  
PMB 165  
MIAMI, FL 33187**

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

02272008

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-4894389**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, STEPHANIE  
1082 SW 82 AVENUE  
MIAMI, FL 33144**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, RAUL</b>	
STREET ADDRESS	<b>19780 SW 177 AVE, PMB 165</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33187</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, VILMA</b>	
STREET ADDRESS	<b>19780 SW 177 AVE, PMB 165</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33187</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U000000850415  
03/24/08-80006-007 150.00**

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 an address, with all other like empowered.

SIGNATURE: *Raul Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/08**