

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000073957

**FILED**  
**Mar 15, 2013**  
**Secretary of State**  
**CC0145401621**

**Entity Name:** ABSOLUTE BEST LAWN CARE PROFESSIONALS, INC

**Current Principal Place of Business:**

1661 SW BUFFUM LANE  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

P O BOX 7064  
WEST PALM BEACH, FL 33405

**FEI Number: 26-3149528**

**Certificate of Status Desired: No**

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

VELASQUEZ, LUIS E  
1661 SW BUFFUM LANE  
PORT ST LUCIE, FL 34984 US

*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

**Officer/Director Detail :**

Title            D  
Name            PEREZ, ROMAN  
Address        1661 SW BUFFUM LANE  
City-State-Zip: PORT ST LUCIE FL 34984

Title            D  
Name            VELASQUEZ, LUIS E  
Address        1661 SW BUFFUM LANE  
City-State-Zip: PORT ST LUCIE FL 34984

*I hereby 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 all other like empowered.*

**SIGNATURE: VELASQUEZ , LUIS E**

**D**

**03/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date