

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L00130

1. Entity Name
ARTISTIC LAWN SERVICE INC.



Principal Place of Business

**7274 N.W. 70 ST
MIAMI, FL 33166 US**

Mailing Address

**MR.SANTIAGO CASAMAYOR
PO BOX 667598
MIAMI, FL 33166-9402**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0140505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASAMAYOR, SANTIAGO SR.
821 MESSINA AVE.
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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)

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 PD
NAME CASAMAYOR, SANTIAGO SR
STREET ADDRESS 821 MESSINA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME CASAMAYOR, NADIA
STREET ADDRESS 821 MESSINA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP
NAME CASAMAYOR, SANTIAGO JR.
STREET ADDRESS 6722 N.W. 112 AVE
CITY-ST-ZIP DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000859181
04/02/08-80011-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08

Date

305 399 1922

Daytime Phone #