


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90003 027 ***158.75

DOCUMENT # L00758	
1. Entity Name LUIS CINTRON'S LAWN SERVICE, INC.	

Principal Place of Business % LUIS CINTRON 11886 52ND RD N WEST PALM BEACH, FL 33411	Mailing Address % LUIS CINTRON 11886 52ND RD N WEST PALM BEACH, FL 33411
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0128242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CINTRON, LUIS
 11886 52ND RD N
 WEST PALM BEACH, FL 33411-9039

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINTRON, LUIS 11886 52ND RD N ROYAL PALM BEACH, FL 33411-9039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINTRON, PAMELA G. 11886 52ND RD N ROYAL PALM BEACH, FL 33411-9039
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pamela G. Cintron **2-6-04** **561-722-1945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #