


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 % LUIS CINTRON                      % LUIS CINTRON  
 11886 52ND RD N                      11886 52ND RD N  
 WEST PALM BEACH, FL 33411      WEST PALM BEACH, FL 33411



02262006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
 65-0128242                      Not Applicable

5. Certificate of Status Desired        **\$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CINTRON, LUIS
STREET ADDRESS	11886 52ND RD. N
CITY-ST-ZIP	WEST PALM BEACH, FL 334119039
TITLE	D
NAME	CINTRON, PAMELA G.
STREET ADDRESS	11886 52ND RD N
CITY-ST-ZIP	WEST PALM BEACH, FL 334119039
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000452160  
 03/11/06-80015-019 150.00

**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:** Pamela G. Centron      3/20/06      VP/SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

5101-9986571