


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M14078</b> 1. Entity Name <b>E &amp; G ORTIZ LANDSCAPING, INC.</b>	
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Principal Place of Business <b>8661 PASADENA BLVD., PEMBROKE PINES, FL 33024-3338 US</b>	Mailing Address <b>8661 PASADENA BLVD., PEMBROKE PINES, FL 33024-3338 US</b>
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2522528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNETH MUELLER  
 5721 SW 164 TERRACE  
 FT LAUDERDALE, FL  
 FT LAUDERDALE, FL 33331**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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	PD MUELLER, KENNETH 5721 SW 164 TERRACE FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, CARMEN 8661 PASADENA BLVD PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUELLER, CARMEN S 5721 SW 164 TERRACE FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTIZ, ELMO 8661 PASADENA BLVD FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/08/07-80013-009 150.00

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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:** Elmo Ortiz **Elmo Ortiz** 4/23/07 954-438-6087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #