

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M30090		
1. Entity Name HOLIDAY LANDSCAPING, INC		
Principal Place of Business 21025 SW 210 AVE MIAMI FL 33187 US		Mailing Address 21025 SW 210 AVE MIAMI FL 33187 US



2. Principal Place of Business - No P.O. Box # 21025 S.W. 210 AVE		3. Mailing Address 21025 S.W. 210 AVE	
Suite, Apt. #, etc. MIAMI, FL		Suite, Apt. #, etc. MIAMI, FL	
City & State		City & State	
Zip 33187	Country MIAMI-DADE	Zip 33187	Country MIAMI-DADE

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2664417		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROVIRA, JOSE B. 21025 SW 210 AVE MIAMI FL 33187		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST ROVIRA, JOSE B. 21025 SW 210 AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jose B. Rovira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07 (305) 255-6230
Date Daytime Phone #