

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90056 001 ***150.00
02-06-2004 90056 002 *****8.75

DOCUMENT # M46967

1. Entity Name

MICHAEL'S LANDSCAPING, INC.



Principal Place of Business

3557 NE 168 ST.
NORTH MIAMI BEACH FL 33160

Mailing Address

P O BOX 600134
NORTH MIAMI BEACH FL 33160
US

2. Principal Place of Business

3557 NE 168 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 600134

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

N.M.B. FL

City & State

N.M.B. FL

4. FEI Number

59-2773158

Applied For

Not Applicable

Zip

33160

Country

U.S.

Zip

33160

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHERELLI, MICHAEL
3557-NE 168 ST
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael Bucherelli

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BUCHERELLI, MICHAEL
STREET ADDRESS 3557 NE 168 ST
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE VSD ☒ Delete
NAME BUCHERELLI, TERI
STREET ADDRESS 3557 NE 168 ST
CITY-ST-ZIP NORTH MIAMI BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME DANIELE BUCHERELLI
STREET ADDRESS 3557 NE 168 ST
CITY-ST-ZIP MIAMI, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Bucherelli Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

Date

305-940-2919

Daytime Phone #