


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90090 031 ***150.00

DOCUMENT # M58964		
1. Entity Name J.E.G. LAWN SERVICE INC.		

Principal Place of Business C/O JORGE ARMADA 13218 N.W. 4TH TERRACE MIAMI, FL 33182-1624	Mailing Address C/O JORGE ARMADA 13218 N.W. 4TH TERRACE MIAMI, FL 33182-1624
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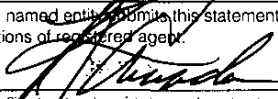
2. Principal Place of Business - No P.O. Box # 4011 WEST FLAGLER STREET	3. Mailing Address 4011 WEST FLAGLER STREET
Suite, Apt. #, etc. 501	Suite, Apt. #, etc. 501
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33134	Zip 33134
Country	Country



01182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2845324		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARMADA, JORGE 4011 W FLAGLER ST #505 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name JORGE L. ARMADA Street Address (P.O. Box Number is Not Acceptable) 4011 W. FLAGLER STREET, SUITE 501 City MIAMI FL Zip Code 33134

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.

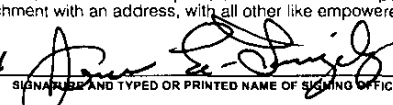
SIGNATURE  JORGE L. ARMADA DATE JANUARY 18, 2007

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JESUS I. 13218 NW 4 TERR MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JESUS E. GONZALEZ JAN. 18, 2007 786-488-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #