


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M93937</b> 1. Entity Name <b>ABOVE ALL LANDSCAPE MAINTENANCE, INC.</b>	
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Principal Place of Business <b>5150 NW 17TH ST MARGATE, FL 33063 US</b>	Mailing Address <b>% DAVID VALLETTA 2876 SW 14TH CT DEERFIELD BEACH, FL 33442</b>
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01122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0069518</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VALLETTA, DAVID 2876 SOUTHWEST 14TH COURT DEERFIELD BEACH, FL 33442</b>
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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 resigning) 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	DP VALLETTA, DAVID 2876 SW 14TH CT DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLETTA, DENISE 2876 SW 14TH CT. DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/01/07-80063-015 150.00

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:** *David Valletta* *Denise Valletta* *4/17/07* *954-969-7744*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #