2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

DOCUMENT # P00000057470 1. Entity Name NUEVITAS LAWN MOWER INC.					02-29-2008 90012 008 ***150.00			
Principal Place	of Business	Mailing Address			1 1_			
10342 WEST FLAGLER MIAMI, FL 33174		15430 SW 10 ST MIAMI, FL 33194			aft Ball Adil Adil Adil A	1 G BITL G1 1 181 B1B 1 1881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-P	CR2E034 (12/08	i)	
City & State		City & State		4. FEI Number 65-1020	276		Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	1	f Status Desired	□ \$8.75 A Fee Requi	dditional red
	6. Name and Address of Current		7. Name and A	ddress of New R	egistered Agent			
004414				Name				
GRANJA, JOSE M 10342 WEST FLAGLER			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33174			10342 WEST FLAGLER					
			City MIA	CIN MIAMI FL ZIMOBITY				
	named entity submits this statement from sol registered agent.	or the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE_	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	Registere	ed Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				ncing \$5	.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTO	
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12. I hereby certify that the information supplied with this filling 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:

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305-362-9139

Daytime Phone #