


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 036 ***150.00

DOCUMENT # P00000099040		
1. Entity Name OSORIO & SON LAND SCAPING INC.		

Principal Place of Business 1353 SW 1ST ST #4 MIAMI, FL 33135	Mailing Address 1353 SW 1ST ST #4 MIAMI, FL 33135
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50019793

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1353 SW 1ST STREET 3	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33135	DADE	33135	DADE



05162006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1139354		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OSORIO, DENIS 1353 SW 1ST ST #4 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name OSORIO DENIS Street Address (P.O. Box Number is Not Acceptable) 1353 SW 1ST STREET #3 City MIAMI FL FL Zip Code 33135

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: *Denise Osorio* DATE: 5-15-06

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 OSORIO, DENIS 1353 SW 1ST ST #3 MIAMI, FL 33135 <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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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, without other like empowered.

SIGNATURE: *Denise Osorio* DATE: 5-15-06 (305)649-7487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR