


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90030 038 \*\*\*150.00

<b>DOCUMENT # P00000108498</b>	
1. Entity Name <b>EDDIE ALVES LANDSCAPING, INC.</b>	

Principal Place of Business <b>937 NE 26TH AVE POMPANO BEACH, FL 33062</b>	Mailing Address <b>937 NE 26TH AVE POMPANO BEACH, FL 33062</b>
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**DO NOT WRITE IN THIS SPACE**

**60024587**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1056537</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD ALVES, EDDIE 937 NE 26TH AVE POMPANO BEACH, FL 33062</b>
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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, with all other like empowered.

SIGNATURE <u><i>EDUARDO OLIVEIRA</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>EDUARDO OLIVEIRA</u> <small>Date</small>	<u>04/16/08</u> <small>Daytime Phone #</small>	<u>(954) 588-7306</u>
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