## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2007 08:00 All Secretary of State DOCUMENT # P01000006179 1. Entity Name ABELINO LAWN SERVICE INC. Principal Place of Business Mailing Address 12995 SW 218TH TERR 12995 SW 218TH TERR MIAMI, FL 33170 MIAMI, FL 33170 No Cha-P CR2E034 (11/05) 04032007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1155862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORONA, ABELINO DO NOT WRITE 12995 SW 218TH TERR MIAMI, FL 33170 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 · OFFICERS AND DIRECTORS 10. TITLE NAME CORONA, ABELINO 12995 SW 218TH TERR STREET ADDRESS U00000638931 04/19/07-80024-015 150.00 CITY-ST-ZIP MIAMI, FL 33170 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP --TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-384-740

FILED