2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # P0100006179 1. Entity Name ABELINO LAWN SERVICE INC.						01-22-2008	90069 0	02 ***15	0.00
Principal Place of Business 12995 SW 218TH TERR MIAMI, FL 33170		Mailing Address 12995 SW 218TH TERR MIAMI, FL 33170							
O Diani- I D	No. 10 No	T 0 14 T 0 1							
z. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				86 66 6 6		JEST TEEL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State		4. FEI Number 65-1155	862			plied For LApplicable	
Zip	Country	Zip	Country		5. Certificate o			\$8.75 Add	itional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
0000114	ADELINO			Name					
CORONA, ABELINO 12995 SW 218TH TERR MIAMI, FL 33170			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code)
	named entity submits this statement factors of 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 f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE	E. Registere	ed Agent signature require	5 when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	P/D	Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	CORONA, ABELINO 12995 SW 218TH TERR		NAM	1E EET ADDRESS					
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TITLE									
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12. Thereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND TYPED OR PRINTED WAN

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117/08 (305)389-74