## May 11, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT 05-11-2006 90240 034 \*\*\*150.00 DOCUMENT # P01000008227 L & M LAWN & LANDSCAPING, INC. 400 Principal Place of Business Mailing Address 13370 SW 50 ST 13370 SW 50 ST MIAMI, FL 33175 MIAMI, FL 33175 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1069118 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PELLON, LEVIS DO NOT WRITE 13370 SW 50 ST MIAMI, FL 33175 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Π

OFFICERS AND DIRECTORS

Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE PELLON, LEVIS NAME STREET ADDRESS 13370 SW 50 ST CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

**FILED** 

Applied For

Not Applicable

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 attacking with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

R PRINTED NAME OF SIGNI

ua no

Daytime Phone #