

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000023592

1. Entity Name
YUTI LAWN SERVICE CORP.



Principal Place of Business
**2941 S.W. 124TH COURT
MIAMI, FL 33175**

Mailing Address
**2941 S.W. 124TH COURT
MIAMI, FL 33175**



08032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1084740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOMODEVILLA, RAUL J
2941 S.W. 124TH COURT
MIAMI, FL 33175**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000172216
09/13/04-80004-019 550.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SOMODEVILLA, RAUL J
STREET ADDRESS	2941 S.W. 124TH COURT
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	T
NAME	MANCHON, NIURKA
STREET ADDRESS	2941 S.W. 124TH COURT
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 NAME OF SIGNING OFFICER OR DIRECTOR

9-10-04 205 554 6616
Date Daytime Phone #