

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90037 033 ***150.00

DOCUMENT # P01000037968

1. Entity Name

SU CASA LANDSCAPING INC.



Principal Place of Business

716 HAMPTON ROAD
WEST PALM BEACH FL 33405

Mailing Address

716 HAMPTON RD
W PALM BEACH FL 33405

2. Principal Place of Business

716 1/2 Hampton Road

3. Mailing Address

716 1/2 Hampton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

65-1104017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLINGTON TAX SERVICES CO.
1842 WILTSHIRE VILLAGE DR
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: **Eduardo Mondragon**
Street Address (P.O. Box Number is Not Acceptable)
2871 Hypoluxo Road
City **Lantana** **FL** Zip Code **33462**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	OLIVARES, IVAN	
STREET ADDRESS	716 HAMPTON RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olivares, Ivan	
STREET ADDRESS	716 1/2 Hampton Road	
CITY-ST-ZIP	West Palm Beach, Florida 33405	
TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mondragon, Eduardo	
STREET ADDRESS	2871 Hypoluxo Road	
CITY-ST-ZIP	Lantana, Florida 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 5417225527

Date

Daytime Phone #