

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040599

FILED
Apr 17, 2006
Secretary of State

Entity Name: ALFREDO AQUINO & SON'S LAWN SERVICE, INC.

Current Principal Place of Business:

16319 PRESTWICH DRIVE EAST
LOXAHATCHEE, FL 33470

New Principal Place of Business:

13671 79TH CT. N.
WEST PALM BEACH, FL 33412

Current Mailing Address:

16319 PRESTWICH DRIVE EAST
LOXAHATCHEE, FL 33470

New Mailing Address:

13671 79TH CT. N.
WEST PALM BEACH, FL 33412

FEI Number: 65-1098475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, ALFREDO D
16319 PRESTWICH DR E
LOXAHATCHEE, FL 334704029 US

Name and Address of New Registered Agent:

AQUINO, ALFREDO D
13671 79TH CT. N.
WEST PALM BEACH, FL 33412 US

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.

SIGNATURE: ALFREDO D. AQUINO

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: AQUINO, MONICA J
Address: 16319 PRESTWICH DRIVE EAST
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ST () Delete
Name: AQUINO, MONICA J
Address: 16319 PRESTWICH DRIVE EAST
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: AQUINO, MONICA J
Address: 13671 79TH CT. N.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: ST (X) Change () Addition
Name: AQUINO, MONICA J
Address: 13671 79TH CT. N.
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA J. AQUINO

P V

04/17/2006

Electronic Signature of Signing Officer or Director

Date