

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90446 027 \*\*\*150.00

**DOCUMENT # P01000041466**

1. Entity Name  
**TIKAL LAWN CARE CORP.**



Principal Place of Business Mailing Address  
30220 SW 158TH ROAD 30220 SW 158TH ROAD  
HOMESTEAD, FL 33033 US HOMESTEAD, FL 33033 US

**14016524**



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number 65-1099192 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~OCHOA, VICTOR~~  
~~30511 SW 149TH AVE~~  
~~HOMESTEAD, FL 33033~~

Name **RAQUEL PINEDA**  
Street Address (P.O. Box Number is Not Acceptable)

**30220 SW 158th Rd.**  
City **Homestead** FL Zip Code **33033**

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 *Raquel Pineda* DATE **4/28/04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PINEDA, EDGAR F  
STREET ADDRESS 30220 SW 158TH ROAD  
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Delete

TITLE **VP**  
NAME **RAQUEL PINEDA**  
STREET ADDRESS **30220 SW 158th Rd**  
CITY-ST-ZIP **HOMESTEAD FL. 33033** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: *Edgar F. Pineda* DATE **4/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR