

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000041466

1. Entity Name
TIKAL LAWN CARE CORP.



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

Mailing Address
30220 SW 158TH ROAD
HOMESTEAD, FL 33033 US



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1099192

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

PINEDA, RAQUEL
30220 SW 158TH RD.
HOMESTEAD, FL 33033

**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

Raqueel Pineda
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/12/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINEDA, EDGAR F
STREET ADDRESS	30220 SW 158TH ROAD
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	VP
NAME	PINEDA, RAQUEL
STREET ADDRESS	30220 SW 158 RD.
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80030-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered

SIGNATURE:

Edgar F. Pineda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/08
Daytime Phone #