## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 24, 2008 08:00 A Secretary of State

П	വ	<b>JMENT</b>	# P01	INNON:	78513
		MULLINI.	# 1 0	$\mathbf{U}$	

1. Entity Name

ONSITE LAND SERVICES, INC.



Principal Place of Business

Mailing Address

4840 SW 196TH LANE SOUTHWEST RANCHES, FL 33332 4840 SW 196TH LANE SOUTHWEST RANCHES, FL 33332



03102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1139617 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, FABIO 4840 SW 196TH LANE SOUTHWEST RANCHES, FL 33332

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo ;	ith, in the State of Florida. I am familian	r with, and accept
SIGNATURE.	. Signature, typed or printed name of registered agent and title r	applicable (NOTE, Registered	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000968634 04/09/08-80016-014	150.00
10.	OFFICERS AND DIREC	TORS	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, FABIO 4840 SW 196TH LANE SOUTHWEST RANCHES, FL 33332				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, KATIUSKA 4840 SW 196TH LANE SOUTHWEST RANCHES, FL 33332				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>IN</b>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(1) (1) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				

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:** 

Mabio of.

Outry

03/19/08 78626

Daytme Phone #