2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000092579

1. Entity Name

TOMAS ROMERO LANDSCAPE & MAINTENANCE, INC.



FILED Jul 27, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5063 ELMHURSTF RD

5063 ELMHURSTF RD

PALM BEACH GARDENS, FL 33417

PALM BEACH GARDENS, FL 33417



07182005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1139898

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, TOMAS 5063 ELMHURST RD

PALM BEACH GARDENS, FL 33417

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registerer	i Agent signature	e required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	Election Campaign Finan Trust Fund Contribution.	cing	\$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 DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D ROMERO, TOMAS 5063 ELMHURST RD PALM BEACH GARDENS, FL 33417		U00000374671 07/27/05-80003-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #