

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000101060

1. Entity Name
SOUTH FLORIDA LAND GRADING, INC.



Principal Place of Business
4191 EL PRADO BLVD
COCONUT GROVE, FL 33133

Mailing Address
4191 EL PRADO BLVD
COCONUT GROVE, FL 33133

FILED

04 JAN 26 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1150237

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERRANDO, VICENTE
4191 EL PRADO BLVD
COCONUT GROVE, FL 33133

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PSD
NAME FERRANDO, VICENTE
STREET ADDRESS 4191 EL PRADO BLVD
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE VTD
NAME FERRANDO, JACQUELINE
STREET ADDRESS 4191 EL PRADO BLVD
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/23/04--01070--022 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 305.445-0401
Date Daytime Phone #