

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104699

Entity Name: JUAREZ LAWN CARE, INC.

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

3572 PLOVER AVE.  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

4160 7TH AVENUE NW  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 65-1155194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AARON JUAREZ A/K/A/, AARON J MIGUEL  
Address: PO BOX 8755  
City-St-Zip: NAPLES, FL 34101

Title: D ( ) Delete  
Name: JUAREZ, RAYNOLDO  
Address: PO BOX 8755  
City-St-Zip: NAPLES, FL 34101

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON JUAREZ

D

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date