

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 041 ***150.00

DOCUMENT # P01000110121					
1. Entity Name M'S GREEN LANDSCAPING INC.					
Principal Place of Business 201 RAQUET CLUB RD # 5-401 WESTON FL 33326			Mailing Address P.O. BOX 266834 WESTON FL 33326		
2. Principal Place of Business - No P.O. Box # 562 STONEMONT DR.			3. Mailing Address Suite, Apt. #, etc.		
City & State WESTON FL			City & State		
Zip 33326		Country		4. FEI Number 01-0584909	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOREJON, HAROLD 201 RAQUET CLUB RD, # 5-401 WESTON FL 33326			7. Name and Address of New Registered Agent Name: HAROLD MOREJON Street Address (P.O. Box Number is Not Acceptable): 562 STONEMONT DR. City: WESTON FL Zip Code: 33326		
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: <u>HAROLD R. MOREJON</u> DATE: <u>02/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when submitting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D <input type="checkbox"/> Delete NAME: MOREJON, HAROLD R STREET ADDRESS: P.O. BOX 266834 CITY-ST-ZIP: WESTON FL 33326	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>02/22/08</u> (954) 9143791		