## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000015779**

 Entity Name FREDY'S LANDSCAPING SERVICE, INC.

FILED Feb 28, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155





02242004 No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0600449

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, OSVALDO J 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the plons of registered agent.      | urpose of changing its registered  | office or re   | gistered agent, or be          | oth, in the State of Florida. I am familiar with, and accep |  |
|--|---|--|----------------|--------------------------------|---|--|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title t            | A heratzines PYCNY alderdigne  | nent sinnature | required when reinstating)     | DATE  |  |
|  |   |  | Sauran Brooks  | 3,                             |   |  |
| FIL<br>After Ma                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                 | <ol> <li>Election Campaign Finance<br/>Trust Fund Contribution.</li> </ol> | ng 🗆           | \$5.00 May Be<br>Added to Fees | U00000071025<br>U3/01/04-80054-017 150.00                   |  |
| 10.  | OFFICERS AND DIREC  | TORS   |                |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>GITY-ST-ZIP | PVTS<br>RUBIO, SANTOS F<br>7951 SW 40TH STREET SUITE 206<br>MIAMI, FL 33155 |  |                |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP           | D<br>RUBIO, SANTOS F<br>7951 SW 40TH STREET SUITE 206<br>MIAMI, FL 33155    |  |                | DO NOT WRITE<br>IN THIS SPACE  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                |                                |   |  |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHATGE AND TYPES OF POSITED WASSES OF CICHING OFFICER OF BU

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305.261-6251