2006 FOR PROFIT CORPORATION

DOCUMENT # P02000015779

1. Entity Name

Principal Place of Business

FREDY'S LAWN SERVICE, INC.



Malling Address

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

FILED Mar 28, 2006 08:00 AM Secretary of State



Applied For

DO NOT WRITE IN THIS SPACE

03212006	No Chg-P	CR2E034 (11/05)

01-0600449 Not Applicable

5. Certificate of Status Desired San Required 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

4. FEI Number

		•		
	named entity submits this statement for the plans of registered agent. Supraure, yours or privilename of registered agent and mail	·	or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept 3 1 8 100
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE MAME STREET ADDRESS GITY-ST-ZIP	PVTS RUBIO, SANTOS F 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155	-		U0000 048364 2 04/1 2/ 06-80007-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RUBIO, SANTOS F 7951 SW 40TH STREET SUITE 206 MIAMI, FL 33155			4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE NAME STREET ADDRESS CITY-ST-21P			DO	NOT WRITE
TITLE		1	IN .	THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 Effect 11 if changed, or on an attachment with an address, with all other like empowered.

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NAME
STREET ADDRESS
CITY-ST-ZIP
RITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACTOR ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/100

<u>305261623</u>