

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 029 ***150.00

DOCUMENT # P02000034082

1. Entity Name
NUNEZ LAWN SPRINKLERS, INC.



Principal Place of Business
16711 COLINS AVENUE-
#1005
SUNNY ISLAND, FL 33160

Mailing Address
16711 COLINS AVENUE
#1005
SUNNY ISLAND, FL 33160

4000000000



2. Principal Place of Business

17000 North Bay Road
Suite, Apt. #, etc.
#410

3. Mailing Address

17000 North Bay Road
Suite, Apt. #, etc.
#410

03302006 Chg-P CR2E034 (11/05)

City & State

Sunny Isles Fl

City & State

Sunny Isles Fl

4. FEI Number
82-0538716

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

6. Name and Address of Current Registered Agent

NUNEZ, LEONEL
16711 COLLINS AVE. #1005
SUNNY ISLAND, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17000 North Bay Road

#410

City Sunny Isles

FL

Zip Code 33160

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NUNEZ, LEONEL
STREET ADDRESS 16711 COLLINS AVENUE #1005
CITY - ST - ZIP SUNNY ISLAND, FL 33160

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #