
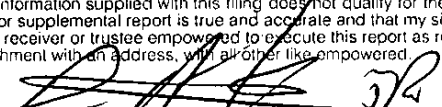


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90108 025 \*\*\*150.00

DOCUMENT # P02000057984					
1. Entity Name <b>QUILES LAWN MAINTENANCE &amp; LANDSCAPE, INC.</b>					
Principal Place of Business <b>1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417</b>			Mailing Address <b>1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. BOX 4411</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WEST PALM BEACH FL</b>		4. FEI Number <b>04-3679851</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33402</b>		Country		6. Name and Address of Current Registered Agent <b>QUILES, RAMON A JR 1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417</b>	
City & State		City & State <b>WEST PALM BEACH FL</b>		7. Name and Address of New Registered Agent	
Zip		Country		Name	
City & State		City & State <b>WEST PALM BEACH FL</b>		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Country		City	
City & State		City & State <b>WEST PALM BEACH FL</b>		Zip Code	
Zip <b>33402</b>		Country		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUILES, RAMON A JR 1382 WESTCHESTER DR. E. WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>RAMON A QUILES, JR</b> <b>4/14/07</b> <b>561-856-5410</b> Date      Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					