

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 013 ***150.00

DOCUMENT # P02000096025 1. Entity Name DISCOUNT LAWN & TREE SERVICE, INC.	
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Principal Place of Business 11123 SW 167TH ST MIAMI, FL 33157	Mailing Address 8690 GRAND CANAL DR MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3059486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, MANUEL
 11123 SW 167TH ST
 MIAMI, FL 33157

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SUAREZ, MANUEL 11123 SW 167TH ST MIAMI, FL 33157
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12. I hereby certify that the information supplied with this filing 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: Manuel E. Suarez Manuel E. Suarez 7/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #