## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

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DOCUMENT # P02000097547  1. Entity Name SPRINGS LANDSCAPE & MAINTENANCE, INC.					04-09-20	07 90078 042 **	
Principal Plac	e of Business	Mailing Address			quuuxe	, -	
1200 RAVEN AVENUE		1200 RAVEN AVENUE		, , ·	<del>-</del> ,		
MIAMI SPRINGS, FL 33166		MIAMI SPRINGS, FL 33166					
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
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City & State		City & State		4. FEI Nur	nber		Applied For
				71-09	003701		Not Applicable
Zip	Country	Zip	Country	5 Certific	ate of Status Desired	\$8.75	Additional
				0. 00111101	ile or olalos Desiroc	Fee Requ	ired
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	Registered Agent	
			Name				
HERVIS, JUAN C			Stroot Ario	Street Address (P.O. Box Number is Not Acceptable)			
1200 RAVEN AVENUE MIAMI SPRINGS, FL 33166			Siledi Adic	uress (F.O. DOX NO	iberis Not Accepta	1010)	
WIIAWII SPI	KINGS, FL 33100					•	
						***************************************	
			City			FL Zip C	ode
8. The above	named entity submits this statement for	or the nurpose of changing its	renistered office or re	enistered agent or	noth in the State of	Florida Lam familiar w	ith and accent
	ions of registered agent.	or the purpose or energing as	registered embe of te	egistered agent, or	DOIN, IN UND STREET OF	rionos. ramiamilar w	itis, and accept
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SIGNATURE_							
SIGNATURE_	Signature, typed or printed name of registered agent	and sitle if applicable. (NOTE	Registered Agent alignature	required when reinstating)		DATE	<del></del>
	`					DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Financing	\$5.00 May Be		DATE	
FIL	`	9. Election Campai	gn Financing			DATE	
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12. Thereby 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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07

(305) 342-2355

Daytime Phone #