2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

04-26-2007 90189 046 ***150.00

DOCUMENT # P03000000627

1. Entity Name
ALEX A. LOPEZ LAWN SERVICES INC.

Principal Place of Business	Mailing Address
359 SE TRANQUILLA AVE PORT ST. LUCIE FL 34983	359 SE TRANQUILLA AVE PORT ST. LUCIE FL 34983

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
359 SE Tranquila Ave		359 SE Tranquila Ave	
Suite, Apt. #, etc. Port St Lucie Fl		Suite, Apt. #, etc.	
City & State		City & State Port St Lucie Fl	
Zip 34983	Country St Lucie	Zip 34983	Country St Lucie

1st MOORE CR2E034 (10/06)

4. FEI Number 57-1144140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTELLONOS, PHILLIP J
359 SE TRANQUILLA AVE
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ALEX A 359 SE TRANQUILLA AVE PORT ST. LUCIE FL 34983	☐ Delete	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 Section 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: Alex A Lopez 5/12/07 772-336-0581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cell 528-3127 (772)