

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000007607

Entity Name: PRO TREE CARE, INC.

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16705 NW 122ND AVE  
MIAMI, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

16705 NW 122ND AVE  
MIAMI, FL 33018

**New Mailing Address:**

FEI Number: 55-0821108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZZARELLA, STEVE  
16705 NW 122ND AVE  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAZZARELLA, STEVE  
Address: 1464 STALLION DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V  
Name: DEL BOSQUE, THOMAS  
Address: 16705 NW 122 AVENUE  
City-St-Zip: MIAMI, FL 33018

Title: S  
Name: NEUERMAN, DONALD  
Address: 16705 NW 122 AVENUE  
City-St-Zip: MIAMI, FL 33018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN MAZZARELLA

P

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date