

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 001 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # P03000015409 1. Entity Name ISLAND VIEWS LANDSCAPING, INC. | | | |
| Principal Place of Business 28525 SW 202ND AVENUE HOMESTEAD, FL 33030 | | Mailing Address 28525 SW 202ND AVENUE HOMESTEAD, FL 33030 | |
| 2. Principal Place of Business 38 N.W. 5th STREET | | 3. Mailing Address 31500 SW 187th AVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HOMESTEAD, FLORIDA | | City & State HOMESTEAD, FLORIDA | |
| Zip 33030 | | Zip 33030 | |
| Country DADE | | Country DADE | |
| 6. Name and Address of Current Registered Agent GUEST, JAMES M 15600 SW-288TH STREET, #201 HOMESTEAD, FL 33033 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD | NAME BASS, JASON | <input type="checkbox"/> Delete | |
| STREET ADDRESS 28525 SW 202ND AVENUE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP HOMESTEAD, FL 33030 | | | |
| TITLE VD | NAME TAYLOR, JOHN | <input type="checkbox"/> Delete | |
| STREET ADDRESS 31400 SW 208TH COURT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP HOMESTEAD, FL 33033 | | | |
| TITLE SD | NAME VALENZUELA, GUILLERMO | <input checked="" type="checkbox"/> Delete | |
| STREET ADDRESS 27601 SW 187TH AVENUE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| CITY-ST-ZIP HOMESTEAD, FL 33031 | | | |
| TITLE TD | NAME FINOCCHARO, MICHAEL | <input type="checkbox"/> Delete | |
| STREET ADDRESS 164 NW 15TH STREET | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP HOMESTEAD, FL 33030 | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| 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: <i>Michael Finoccharo</i> | | 4/16/04 305-345-2074 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |