## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 22, 2007 8:00 am **Secretary of State** DOCUMENT # P03000019348 02-22-2007 90007 001 \*\*\*150.00 1. Entity Name MONTES LANDSCAPING, INC. Principal Place of Business Mailing Address 1360 SE 6 TER 1360 SE 6 TER POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0446191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTES DE OCA, JOSE DO NOT WRITE 1360 SE 6 TER POMPANO BEACH, FL 33060 IN THIS SPACE 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 SIGNATURE\_ Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MONTES DE OCA, JOSE STREET ADDRESS 1360 SE 6 TER CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-718 TITLE NAME

12. I hereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOSE MONTES & OCA

(954) 782 9291

FILED

Daytime Phone #