

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021509

1. Entity Name
AMAYA LANDSCAPING, MAINTENANCE AND LAWN
CARE, INC.



FILED

10 MAY 20 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2001 SW 64 AVE
MIAMI, FL 33155

Mailing Address
2001 SW 64 AVE
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062010

Chg-P

CR2E034 (11/08)

4. FEI Number
81-0619400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMAYA, ROBERTO
2001 SW 64 AVE
MIAMI, FL 33155

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMAYA, ROBERTO	
STREET ADDRESS	2001 SW 64 AVE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSH AMAYA, CAROL E	
STREET ADDRESS	2001 SW 64 AVE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	GARCIA, ANTONIO	
STREET ADDRESS	2001 SW 64 AVE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	AMAYA, ROGER	
STREET ADDRESS	2001 SW 64 AVE	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

800180472688
05/06/10--01011--011 **150.00

Handwritten signature/initials

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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten date: 5/18/10