

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90065 020 \*\*\*150.00

<b>DOCUMENT # P03000034631</b>					
<b>1. Entity Name</b> CARRERA LAWN CARE INC.					
<b>Principal Place of Business</b> 24848 S.W. 128TH PATH HOMESTEAD, FL 33032			<b>Mailing Address</b> 24848 S.W. 128TH PATH HOMESTEAD, FL 33032		
<b>2. Principal Place of Business - No P.O. Box #</b> 18740 SW 356th		<b>3. Mailing Address</b> 18740 S.W. 356th			
Suite, Apt. #, etc. Homestead Fl		Suite, Apt. #, etc. Homestead Fl			
City & State Homestead Fl		City & State Homestead Fl			
Zip 33034		Country USA		Zip 33034	
Country USA		Country U.S.A.			
<b>6. Name and Address of Current Registered Agent</b>  CARRERA, WALTER 24848 S.W. 128TH PATH HOMESTEAD, FL 33032			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> <div style="width: 30%;"> <b>9. Election Campaign Financing</b>                  Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> <b>\$5.00 May Be</b>  <b>Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRERA, WALTER 24848 S.W. 128TH PATH HOMESTEAD, FL 33032		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition                 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete                 </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition                 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete                 </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition                 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete                 </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition                 </div>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete                 </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition                 </div>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Walter Carrera</u> <u>5/7/07</u> <u>(786)255-9328</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					