## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000069867** 04-30-2004 90346 025 \*\*\*150.00 LAGO LAWN MOVERS INC. AGO LAWN MOWERS, TWE. Principal Place of Business Mailing Address 8725 NW 117 ST 8725 NW 117 ST HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 2. Principal Place of Business 3. Mailing Address 8775 NW 117 8725 NW 04282004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For proens 74-30968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOSA, NORA E SOSA, NORA E Street Address (P.O. Box Number is Not Acceptable) 8725 NW 117 ST HIALEAH GARDENS, FL 33016 8808 NW 110 ST. Zip Code 33018 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. 8000s Signature, typed or printed name registered agent and title if 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE ☐ Addition SOSA, NORA E NAME NAME SOSA, NORA E 8725 NW 117 ST NW 110 ST LEDHENDENS, FL 33018 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33016 CITY-ST-ZIP DV ☐ Detete TITLE TITLE NAME LAGO, LUIS NAME 2808 NW 110 ST STREET ADORESS 8725 NW 117 ST STREET ADDRESS HIPLEOH GUNDENS, FL 3398 CITY-ST-ZIP HIALEAH GARDENS, FL 33016 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ПΠЕ ☐ Delete TITLE ☐ Change Addition NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED