

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2007 08:00 AM  
Secretary of State

DOCUMENT # P03000073595

1. Entity Name  
FOREVER LANDSCAPING AND MAINTENANCE, INC.



Principal Place of Business  
P.O. BOX 902147  
HOMESTEAD, FL 33090

Mailing Address  
P.O. BOX 902147  
HOMESTEAD, FL 33090



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1063428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORONADO, MANUEL  
28501 SW 162ND AVENUE  
HOMESTEAD, FL 33030

**DO NOT WRITE  
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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000689341  
04/05/07-80040-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CORONADO, MANUEL  
28501 SW 162ND AVE.  
HOMESTEAD, FL 33033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RIVERA, MYRIAM  
28501 SW 162ND AVE.  
HOMESTEAD, FL 33033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Myriam Rivera Myriam Rivera 3/23/07 3052425393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #