

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 045 ***150.00

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

40005100



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

01112008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name *Myriam Coronado*
Street Address (P.O. Box Number is Not Acceptable)
28501 SW 162 AVE
Homestead
City *FL* Zip Code *33033*

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 *Myriam Coronado, Myriam Coronado*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/11/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
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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 Coronado, Myriam Coronado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08
Date

305-242-5393
Daytime Phone #