


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90180 045 \*\*\*150.00

<b>DOCUMENT # P03000078071</b>					
<b>1. Entity Name</b> LAWN RESCUE INC.					
<b>Principal Place of Business</b> 9706 SW 133 TERRACE MIAMI, FL 33176			<b>Mailing Address</b> 9706 SW 133 TERRACE MIAMI, FL 33176		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3696604 <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>CESTI, GIORGIO</b> <b>9706 SW 133 TERRACE</b> <b>MIAMI, FL 33176</b>			<b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>City</b> <b>FL</b> <b>Zip Code</b>		
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>CESTI, GIORGIO</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>9706 SW 133 TERRACE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33176</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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 companies.</b>					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					