

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 037 ***150.00

DOCUMENT # P03000086314

1. Entity Name
Y A RUBIO LANDSCAPING, INC.



Principal Place of Business
21410 SW 101 AVENUE
MIAMI, FL 33189 US

Mailing Address
21410 SW 101 AVENUE
MIAMI, FL 33189 US



2. Principal Place of Business

9920 SW 215 ST

3. Mailing Address

9920 SW 215 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202006

Chg-P

CR2E034 (11/05)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-0133419

Applied For

Not Applicable

Zip

33189

Country

Zip

33189

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUBIO, YONY A
21410 SW 101 AVE
MIAMI, FL 33189

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9920 SW 215 ST

City

Miami

FL

Zip Code

33189

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUBIO, YONY A	
STREET ADDRESS	21410 SW 101 AVE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, YONY A	
STREET ADDRESS	21410 SW 101 AVE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, YONY A	
STREET ADDRESS	21410 SW 101 AVE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

YONY A RUBIO Yoni A. Rubio

4/22/06

305 303-0346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #