

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 05, 2004 8:00 am
Secretary of State

04-14-2004 90042 016 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000087689			
1. Entity Name R. G. P. LAWN SERVICES CORP			
Principal Place of Business 301 BONAVENTURE BLVD., #4 WESTON FL 33326		Mailing Address 301 BONAVENTURE BLVD., #4 WESTON FL 33326	
2. Principal Place of Business		3. Mailing Address 5761 E Z AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON FL		City & State MIAMI FL	
Zip 33013	Country USA	4. FEI Number 51-0478699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL PINO, GEORGINA 301 BONAVENTURE BLVD., #4 WESTON FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL Zip Code	
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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT DEL PINO, GEORGINA 301 BONAVENTURE BLVD., #4 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Georgina Del Pino President</i>		Date: APR 1 2 2004	Daytime Phone #: 817-3294
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>