

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90045 026 ***150.00

DOCUMENT # P03000149998

1. Entity Name
RENEW LAND CORP.



Principal Place of Business
**16 DREW DR.
VENUS, FL 33960**

Mailing Address
**5993 SW 43RD ST.
DAVIE, FL 33314**

2. Principal Place of Business

3. Mailing Address
6700 GRIFFIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DAVIE FL

Zip

Country

Zip

Country

33314

BROWARD

02022006

Chg-P

CR2E034 (11/05)

4. FEI Number
80-0088613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARISTIZABAL, RAMIRO
5993 SW 43RD ST.
DAVIE, FL 33314**

7. Name and Address of New Registered Agent

Name
ARISTIZABAL RAMIRO

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

6700 GRIFFIN Road, Suite K

City
DAVIE

FL

Zip Code
33314

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ARISTIZABAL, RAMIRO
16 DREW DR.
VENUS, FL 33960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ARISTIZABAL, MAGDA
16 DREW DR.
VENUS, FL 33960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #