

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # **P04000046229**

1. Entity Name **OCTAVIO'S LANDSCAPING INC**
4775 AUSTRALIAN AVE APT 207
W.P.B. FLA 33407



FILED

11 JUN -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

4775 AUSTRALIAN AVE A
Suite, Apt. #, etc.
APT 207

3. Mailing Address

SAFARI 4132 BOUGAINVILLE ST
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

W.P.B. FLA

City & State

W.P.B. FLA

4. FEI Number

34-1989127

Applied For

Not Applicable

Zip

33407

Country

P.B.

Zip

33406

Country

P.B.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

OCTAVIO ALVARADO

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

4775 AUSTRALIAN AVE APT 207

City

W.P.B. FL

Zip Code

33407

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5/29/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES.
OCTAVIO ALVARADO
4775 AUSTRALIAN AVE APT 207
W.P.B. FLA 33407

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Signature]

900207208449
05/04/11--01043--015 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/29/11 561-598-2844