




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 007 ***150.00

DOCUMENT # P04000047202 1. Entity Name LAS PALMAS LAWN SERVICE, INC.					
Principal Place of Business 4702 SATINWOOD TRAIL COCONUT CREEK, FL 33063			Mailing Address 4702 SATINWOOD TRAIL COCONUT CREEK, FL 33063		
2. Principal Place of Business Lawn Services		3. Mailing Address 841 LYONS RD			
Suite, Apt. #, etc. APT 24207		Suite, Apt. #, etc. 			
City & State COCONUT CREEK		City & State 		4. FEI Number 20-0897134	
Zip FL		Country BRAWAN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33063		Country 		Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYES, CARLOS 4702 SATINWOOD TRAIL COCONUT CREEK, FL 33063			7. Name and Address of New Registered Agent Name REYES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 841 LYONS RD City COCONUT CREEK FL Zip Code 33063		
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 03-10-05 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	D <input type="checkbox"/> Delete REYES, CARLOS 4702 SATINWOOD TRAIL COCONUT CREEK, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOUNCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REYES CARLOS 841 LYONS RD APT 24207 COCONUT CREEK FL 33063-6730	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REYES CARLOS <input type="checkbox"/> Delete 841 LYONS RD APT 24207 COCONUT CREEK FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: 			Date 3-10-05 (954) 9681535		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					