2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000071795

1. Entity Name

SANTOS LANDSCAPING & MAINTENANCE CORP.



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

6771 SHERIDAN ST HOLLYWOOD, FL 33024 Mailing Address

6771 SHERIDAN ST HOLLYWOOD, FL 33024



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03012007 No Chg-P

4. FEI Number	Applied For	
20-1087137	Not Applicab	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

Daytime Phone #

6. Name and Address of Current Registered Agent

SANTOS, FREDIS ANTONIO 6771 SHERIDAN ST HOLLYWOOD, FL 33024

changed, or on an attachment with a address.

د: SIGNATURE

DO NOT WRITE IN THIS SPACE

8. The above named entity submits his 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 registred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May 8e Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANTOS, FREDIS ANTONIO 6771 SHERIDAN ST HOLLYWOOD, FL 33024					
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE				*		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000701267	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·.	000000701267 04/20/07-80048-021 150.00	
12. I hereby certify that the information supplied with this filling 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 effect this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if						

AME OF SIGNING OFFICER OR DIRECTOR