2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 23, 2007 08:00 AM Secretary of State **DOCUMENT # P04000073710** 1. Entity Name LAS PALMAS LANDSCAPING INC. Principal Place of Business Mailing Address 18700 SW 232 ST 18700 SW 232 ST MIAMI, FL 33170 MIAMI, FL 33170 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 51-0508059 Not Applicable 2ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYES, LEONARDO 18700 SW 232 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33170 City 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 Signstyre, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remislating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trus: Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST Change Addition Defete TITLE TITLE NAME REYES, LEONARDO MAME STREET ADDRESS 18700 SW 232 ST STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP U00000724368 05/02/07-80105-030rado0.00addiion MIAMI, FL 33170 TITLE Delete TITLE REYES, LEONARDO NAME NAME STREET ADDRESS 18700 SW 232 ST STREET ADDRESS D7Y-57-28 CITY-ST-ZIP MIAMI, FL 33170 TITLE TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-NP ☐ Change Addition mer TITLE Determ MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Defene TITLE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-719 CITY-ST-ZIP INLE Delete TITLE ☐ Change Addition 1442.65 MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. Thereby 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 each; that I am an officer or director of the corporation or the receiver or trueted 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 applications, with all other like empowered.

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