

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000077295

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** A&N LANDSCAPING AND LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

PO BOX 900636  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 900636  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 65-1226870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALBINO, VILLANUEVA  
PO BOX 900636  
HOMESTEAD, FL 33030      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ALBINO VILLANUEVA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VILLANUEVA, ALBINO  
Address: PO BOX 900636  
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete  
Name: VILLANUEVA, NERIDA  
Address: PO BOX 900636  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: VILLANUEVA, NEREIDA  
Address: PO BOX 900636  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBINO VILLANUEVA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/25/2006

\_\_\_\_\_  
Date