

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90015 030 ***163.75



DOCUMENT # P04000087505
 1. Entity Name
FALCON LANDSCAPING AND BLACK FENCE SERVICES INC.

Principal Place of Business Mailing Address
 15376 SW.151ST ST.#8 P.O. BOX 122
 INDIANTOWN FL 34956-0122 INDIANTOWN FL 34956-0122



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. PO BOX 122
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Indian town, FL.
 Zip Country Zip Country
 34956-0122 USA

4. FEI Number 20-1264583 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MEJIA, ALFONSO C
 15376 SW.151ST ST.#8,PO BOX 122
 INDIANTOWN FL 34956

7. Name and Address of New Registered Agent
 Name **Alfonso Chavez Mejia**
 Street Address (P.O. Box Number is Not Acceptable)
15376 SW 151st St # 8
 City **Indiantown** FL Zip Code **34956-0122**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MEJIA, ALFONSO C 15376 SW.151ST ST.#8,PO BOX 122 INDIANTOWN FL 34956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANCA ESTELA BECERRA BARRAGAN 15376 SW.151ST ST#8,PO BOX 122 INDIANTOWN FL 34956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ATANASIO 15376 SW.151ST ST.#8 INDIANTOWN FL 34956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALFONSO CHAVEZ M 15376 SW 151 st St #8 Indiantown FL 34956-0122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfonso Chavez *Aut* 01-25-2006 (772)341-8199
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #