


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 049 ***158.75

DOCUMENT # P04000087505			
1. Entity Name FALCON LANDSCAPING AND BLACK FENCE SERVICES INC.			
Principal Place of Business 15376 SW 151ST ST.#8 INDIANTOWN FL 34956-0122		Mailing Address P.O. BOX 122 INDIANTOWN FL 34956-0122	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAVEZ MEJIA, ALFONSO 15376 SW 151ST ST #8 INDIANTOWN FL 34956		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			



1st MOORE CR2E034 (10/06)

4. FEI Number **20-1264583** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	<input type="checkbox"/> Delete	TITLE	CHAVEZ MEJIA ALFONSO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAHVEZ MEJIA, ALFONSO		NAME				
STREET ADDRESS	15376 SW 151ST ST., #8		STREET ADDRESS				
CITY - ST - ZIP	INDIANTOWN FL 34956-0122		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLANCA ESTELA BECERRA BARRAGAN		NAME				
STREET ADDRESS	15376 SW.151ST ST#8,PO BOX 122		STREET ADDRESS				
CITY - ST - ZIP	INDIANTOWN FL 34956		CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOPEZ, ATANASIO		NAME				
STREET ADDRESS	15376 SW.151ST ST.#8		STREET ADDRESS				
CITY - ST - ZIP	INDIANTOWN FL 34956		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				

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 Mejia 03/31/2007 772-341-8199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #