

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90040 013 \*\*\*150.00

**DOCUMENT # P04000092135**

1. Entity Name  
**MOISES HERAS LAWN SERVICE, INC.**



Principal Place of Business  
**920 NW 12 ST  
HOMESTEAD, FL 33030**

Mailing Address  
**920 NW 12 ST  
HOMESTEAD, FL 33030**

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

01192007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-1248773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERAS, MOISES  
920 NORTHWEST 9TH STREET  
HOMESTEAD, FL 33030**

Name

Street Address (P.O. Box Number is Not Acceptable)

**920 NW 12 ST**

City

**HOMESTEAD FL**

Zip Code

**33030**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HERAS, MOISES  
STREET ADDRESS 1788 W MOWRY DRIVE  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE S ☐ Delete  
NAME HERAS, ANGELICA M  
STREET ADDRESS 1788 W MOWRY DRIVE  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **920 NW 12 ST**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **920 NW 12 ST**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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 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:**

*Angelica M Heras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-2007**  
Date

**305**  
Daytime Phone #