


**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90058 005 \*\*\*175.00  
 08-28-2007 90024 048 \*\*\*375.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000137080</b> 1. Entity Name <b>OSBALDO'S LAWN MAINTENANCE, CORP.</b>					
Principal Place of Business <b>826 AVE HERMOSA          WEST PALM BEACH, FL 33405</b>			Mailing Address <b>826 AVE HERMOSA          WEST PALM BEACH, FL 33405</b>		
2. Principal Place of Business - No P.O. Box # <b>826 Avenida Hermosa</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>826 Avenida Hermosa</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>West Palm Beach, FL</b> <small>Zip</small> <b>33405</b>		City & State <b>West Palm Beach, FL</b> <small>Zip</small> <b>33405</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAZARIEGOS, OSBALDO          826 AVE HERMOSA          WEST PALM BEACH, FL 33405</b>				7. Name and Address of New Registered Agent Name <b>MAZARIEGOS, Osbaldo</b> Street Address (P.O. Box Number is Not Acceptable) <b>826 Avenida Hermosa</b> City <b>West Palm Bch, FL</b> Zip Code <b>33405</b>	
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00          Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAZARIEGOS, OSBALDO 826 AVE HERMOSA WEST PALM BEACH, FL 33405		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 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: <i>Osbaldo Mazariegos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-6-07- 561-707-7716 <small>Date Daytime Phone #</small>		

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