

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000143212					
1. Entity Name HACIENDA LANDSCAPING, CORP.					
Principal Place of Business 7499 NW 17 DR. PEMBROKE PINES, FL 33024			Mailing Address 7499 NW 17 DR. PEMBROKE PINES, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<div style="display: flex; justify-content: space-between;"> 02232006 Chg-P CR2E034 (11/05) </div>					
4. FEI Number 20-1742620				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHICLANA-BARROS, PEDRO 7499 NW 17 DR. PEMBROKE PINES, FL 33024			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: <i>Shanochelin</i> 2/23/2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE: P <input type="checkbox"/> Delete NAME: CHICLANA-BARROS, PEDRO STREET ADDRESS: 7499 NW 17 DR. CITY-ST-ZIP: PEMBROKE PINES, FL 33024			<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100001464102 03/21/06-00098-024 150.00		
TITLE: V <input type="checkbox"/> Delete NAME: KARACHALIOS, SOPHIA STREET ADDRESS: 7499 NW 17 DR. CITY-ST-ZIP: PEMBROKE PINES, FL 33024			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete 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 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>Shanochelin</i> 2/23/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					