

2005 FOR PROFIT CORPORATION ANNUAL REPORT

3 FILED
Apr 27, 2005 8:00 am
Secretary of State

03-24-2005 90025 015 ***150.00

DOCUMENT # P04000163696

1. Entity Name
OSMAR ACEVEDO LANDSCAPING, INC.



Principal Place of Business
2637 OLEANDER DR
MIRAMAR, FL 33023

Mailing Address
2637 OLEANDER DR
MIRAMAR, FL 33023

66013455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1964093

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ACEVEDO, OSMAR
2637 OLEANDER DR
MIRAMAR, FL 33023

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

OSMAR ACEVEDO

Signature or 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
ACEVEDO, OSMAR
2637 OLEANDER DR
MIRAMAR, FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VP
ACEVEDO, ISABEL C
2637 OLEANDER DR
MIRAMAR, FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

OSMAR ACEVEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #