2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 08:00 A Secretary of State

	ANITOAL	KEFOKI Z	-		_		7	CCI	
1. Entity Nam	MENT # P05000002 ENERAL LANDSCAPING C			2	Secretary	oi Sta			
Principal Plac	Mailing Address			7					
9168 NW 114 TERRACE HIALEAH GARDENS, FL 33018 US		9168 NW 114 TERRACE HIALEAH GARDENS, FL 33018 US		;	1) A 2 (5) (2 ()) A 2 () D 2 () D 2 ()		111 18 8 1 12 1 8 9 1		
2. Principal P	lace of Business - No P.O Box #	3. Mailing Address							
Suite, Apt #, etc		Suite, Apt. #, etc.		02292008	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Numb 20-211		N	pplied For ot Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
AV8110 101 F0140'				Name	ame				
AVILIO, IGLESIAS 9168 NW 114 TERRACE HIALEAH GARDENS, FL 33018				Street Address (P O. Box Number is Not Acceptable)					
·									
				City	FL Zip Code				
8. The above named entire sybmits 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 Company of the distribution of the policy									
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution					5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
THLE	P Delete .		TITLE				Change	Addition	
·NAME			NAM		000000847160 03/19/08-80009-005 150.00				
STREET AODRESS CITY-ST-ZIP	9168 NW 114 TERRACE HIALEAH GARDENS, FL 33018		STREET ADDRESS CITY-ST-ZIP			03/19/08-	-80009-005 15	0.00	
TITLE	☐ Delete TIT		TITLE		•		Change	Addition	
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP			- 4	ET ADDRESS -ST-ZIP					
TITLE		· Defete	TITLE				Change	Addition	
NAME		□ Detere	NAM	1			(Onlings		
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAM	et address					
CITY-ST-ZIP		•	1	-ST-ZIP					
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition	
NAME			. NAM						
STREET ADDRESS CITY-ST-ZIP				et address -St-zip					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME		T Delete	NAM	1			c.iniigo		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	,			-SI-ZIP			· <u> </u>		
12. I hereby	certify that the information supplied with	this filing does not qualify fo	or the exi	emptions contain	ned in Chapter 11	9, 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 frustee 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: X

THE THE AND THE OR PRINCED HAME OF SIGNING OFFICER OR DIRECTOR

786 380 972 Dayline Phone #