

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000004048**

1. Entity Name  
**HUMMINGBIRD LANDSCAPING & DESIGN, INC.**



Principal Place of Business  
**5203 SW 158 AVE  
MIRAMAR, FL 33027**

Mailing Address  
**5203 SW 158 AVE  
MIRAMAR, FL 33027**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2130986**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CHIN, MAXINE  
4980 SW 158 AVE  
MIRAMAR, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

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
NAME	SATCHELL, LEROY B JR
STREET ADDRESS	5203 SW 158 AVE
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	VP
NAME	CHIN, MAXINE
STREET ADDRESS	4980 SW 158 AVE
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/01/07-80111-026 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Satchell Jr* / **LEROY B SATCHELL JR** 4.17.07 305.793.2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #