

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 021 ***158.75

DOCUMENT # P05000023228 1. Entity Name ALMA LAWN SERVICES, INC.					
Principal Place of Business 12020 N.W. 13 STREET PEMBROKE PINES, FL 33026			Mailing Address 12020 N.W. 13 STREET PEMBROKE PINES, FL 33026		
2. Principal Place of Business 12020 NW. 13 ST		3. Mailing Address 12020 NW-13 ST			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 			
City & State Pembroke Pines - FL.		City & State Pembroke Pines - FL.		4. FEI Number 04192006 Chg-P CR2E034 (11/05)	
Zip 33026		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMBEY-DIEGUEZ, ALICIA L 12020 N.W. 13 STREET PEMBROKE PINES, FL 33026				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NA 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 <u>N.A.</u> (NOTE: Registered Agent signature required when reinstating) DATE					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S DOEMBEY-DIEGUEZ, ALICIA L 12020 N.W. 13 ST PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T DIEGUEZ, MARIO O 12020 N.W. 13 ST PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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: <u>ALICIA L DIEGUEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-19-06 - (954) 600-7601 <small>Date Daytime Phone #</small>		

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