


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 039 ***150.00

DOCUMENT # P05000024030	
1. Entity Name CARIBBEAN LAWN MAINTENANCE, INC.	

Principal Place of Business 1400 S. NOVA ROAD APT. #388 DAYTONA BEACH FL 32114	Mailing Address 1400 S. NOVA ROAD APT. #388 DAYTONA BEACH FL 32114
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2. Principal Place of Business - No P.O. Box # 1400 S NOVA RD Suite, Apt. #, etc. 388 City & State DAYTONA BEH Zip 32114 Country FL	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/06)

4. FEI Number 20-2347078	<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 LANTIGUA, REYES M 1400 S. NOVA ROAD APT. #388 DAYTONA BEACH FL 32114	
7. Name and Address of New Registered Agent Name Reyes m LANTIGUA Street Address (P.O. Box Number is Not Acceptable) 1400 S NOVA Rd 388 City DAYTONA BEH FL Zip Code 32114	

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 Reyes m LANTIGUA  DATE 2/18/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, D LANTIGUA, REYES M 1400 S. NOVA ROAD APT. #388 DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Reyes m LANTIGUA  DATE 2/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR