

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000076499

1. Entity Name
MIGUEL'S LAWN SERVICE, INC.



Principal Place of Business
**15301 INDIAN HEAD DRIVE
 TAMPA, FL 33618**

Mailing Address
**15301 INDIAN HEAD DRIVE
 TAMPA, FL 33618**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-3128144** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMERO, MIGUEL A
 15301 INDIAN HEAD DRIVE
 TAMPA, FL 33618**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000940317
 05/28/08-80061-023 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **ROMERO, MIGUEL A**
 STREET ADDRESS **15301 INDIAN HEAD DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33618**

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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: *Miguel A. Romero* Miguel A. Romero 4-30-08 813-833-2486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #