

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90431 048 ***150.00

DOCUMENT # P05000100727

1. Entity Name
FIRST CHOICE LANDSCAPING, INC.

Principal Place of Business
1820 N.W. 192ND STR
MIAMI, FL 33156

Mailing Address
P.O. BOX 611644
MIAMI, FL 33261

2. Principal Place of Business
14720 N.W. 11AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33168
Country
U.S.A.

City & State
Miami, FL
Zip
33261
Country
U.S.A.



04102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3161145
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ETIENNE, FRANTZ
1820 N.W. 192ND STREET
MIAMI, FL 33056

7. Name and Address of New Registered Agent

ETIENNE, FRANTZ
14720 NW 11AVE
Miami, FL 33168

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ETIENNE, FRANTZ
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Register

when reinstating) DATE 4/17/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Finance Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ETIENNE, FRANTZ
STREET ADDRESS 1820 N.W. 192ND STREET
CITY-ST-ZIP MIAMI, FL 33056 ☐ Delete

TITLE VP
NAME ETIENNE, ROBINSON
STREET ADDRESS 1820 N.W. 192ND STR
CITY-ST-ZIP MIAMI, FL 33056 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT ETIENNE, FRANTZ ☒ Change ☐ Addition
14720 NW 11AVE
MIAMI, FL 33168

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

signed in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 2007, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4/17/06

Date

Daytime Phone #

487-6277