

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 035 ***150.00

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1. Entity Name
FIRST CHOICE LANDSCAPING, INC.



Principal Place of Business

**14720 NW 11 AVE
MIAMI, FL 33168**

Mailing Address

**P.O. BOX 611644
MIAMI, FL 33261**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3151145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ETIENNE, FRANTZ
14720 NW 11 AVE
MIAMI, FL 33168**

7. Name and Address of New Registered Agent

Name **Soulen Antoine**
Street Address (P.O. Box Number is Not Acceptable)
14720 NW 11 AVE

City **MIAMI**

FL

Zip Code
33168

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** ☐ Delete
NAME **ETIENNE, FRANTZ**
STREET ADDRESS **14720 NW 11 AVE**
CITY - ST - ZIP **MIAMI, FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **Soulen Antoine**
STREET ADDRESS **14720 NW 11 AVE.**
CITY - ST - ZIP **MIAMI, FL 33168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

FRANTZ ETIENNE

4/29/07 (786) 487-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Phone #