

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90055 007 \*\*\*150.00

**DOCUMENT # P05000104734**

1. Entity Name

**EVEN CUTS LAWN MAINTENANCE, INC.**



Principal Place of Business

710 NW 17 COURT  
HOMESTEAD FL 33030

Mailing Address

710 NW 17 COURT  
HOMESTEAD FL 33030

2. Principal Place of Business

710 NW 17<sup>th</sup> CT.

Suite, Apt. #, etc.

N/A

City & State

Homestead, FL

Zip

33030

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

1st MOORE

CR2E034 (10/05)

4. FEI Number

81-0678053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RATTO, CARLOS A**  
**710 NW 17 COURT**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P, S ☐ Delete  
NAME RATTO, CARLOS A  
STREET ADDRESS 710 NW 17 COURT  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VP, T ☐ Delete  
NAME RATTO, ANGELA M  
STREET ADDRESS 710 NW 17 COURT  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-06 (305)773-9882

Date

Daytime Phone #