## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000108316

## FILED Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90049 050 \*\*\*150.00

3101 SW 61 TERRACE   T. LAUDERDALE, FL 33314   T. LAUDERDALE, FL 333	1. Entity Name REYNAGA'S LAWN MAINTENANCE, INC.											
2. Principal Place of Busings   No PO Box #   Stall place of Busings   No Box #   Stall pla	Principal Place of Business			Mailing Address	Mailing Address			60028751				
Suite April   Suite   Suite   Suite   April   Suite   Suite   April   Suite   April   Suite   April   Suite   April   Suite   April   Suite   April   April   Suite   April												
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City & Salte DQUIC FOND County To 3331Y Street Address of Current Registered Agent To Annual Address of Current Registered Agent To Annual Address of Current Registered Agent To Annual Address of New Re												
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State   Stat				City & State D9UC	Daye Flonda							
ZABALZA RAUL R 3101 SW 61 TERRACE FT. LAUDERDALE, FL 33314  8. The above named entity submits—this state of Ponda. I the purpose of changing its registered office or registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with and accept the obligations of registered agent, or both in the state of Ponda. I am familiar with and accept the obligations of registered agent, or both in the state of Ponda. I am familiar with and accept the state of Ponda.		_	Country	33314	Coun	try	5. Certificat	te of Status	Desired [			
Street Address (P.O. Box Number is Not Acceptable)	,	6. Name a	ind Address of Curren	nt Registered Agent		Name	7. Name an	d Address	of New Regis	tered Agent		
8. The above named entity submits-this state (#FL   Zip Code 3 3 3 1 4	3101 SW 61 TERRACE											
E. The above named entity submissing state of the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ronda. I am familiar with, and accept the purpose of change of change of change of the familiar with, and accept the purpose of change of change of change of the familiar with, and accept the purpose of change of change of change of the familiar with, and accept the purpose of change of change of the familiar with, and accept the purpose of change of changes of the familiar with, and accept the purpose of changes of the familiar acceptance of the familiar with, and accept the purpose of changes of the fa	FT. LAUDERDALE, FL 33314					3510 su 59 Tempore						
B. The above named entity submigla-ths state/feb propose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and acodopt the obligations of registered agent age							<del></del>	,,	_	Zip Co	de 73/4	
SIGNATURE   Somewhat hybrid to prince name of regularized approximate Agent signaturel required anon remailed;   Date	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											
After May 1, 2007 Fee will be \$550.00  After May 1, 2007 Fee will be \$550.00  PST Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE TITLE TITLE TITLE TITLE TOPIC TITLE TOPIC	1/31/D7											
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12. Thereby certify that the information supplied with the information supplied with the information of qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information					i							

2. Thereby Certify that the information supplied with rijks fling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is such 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 rustee impowered 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 autypes, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-587-605