
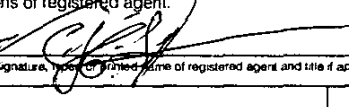
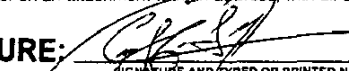


**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

40051000

<b>DOCUMENT # P05000125706</b>				04-06-2007 90027 001 ***150.00	
1. Entity Name <b>CARLOS LAWN CARE, INC.</b>					
Principal Place of Business <b>2911 CHEROKEE AVENUE WEST PALM BEACH, FL 33409 US</b>		Mailing Address <b>P.O. BOX 7464 JUPITER, FL 33468 US</b>			
2. Principal Place of Business - No P.O. Box # <b>413 PITTSBURG DRIVE</b>		3. Mailing Address  Suite, Apt. #, etc.		03152007 Chg-P CR2E034 (12/06)	
City & State <b>JUPITER, FLORIDA</b>		City & State  		4. FEI Number <b>20-3469744</b>	
Zip <b>33408</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DE LEON, CARLOS H 2911 CHEROKEE AVENUE WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name <b>CARLOS H. DE LEON</b> Street Address (P.O. Box Number is Not Acceptable) <b>413 PITTSBURG DRIVE</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33408</b>	
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 				03/15/2007	
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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>DE LEON, CARLOS H</b> STREET ADDRESS <b>P.O. BOX 7464</b> CITY-ST-ZIP <b>JUPITER, FL 33468</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		CARLOS H. DE LEON		03/15/2007 (561) 748-6656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	