
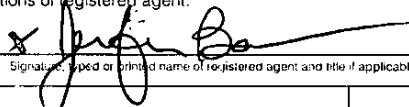
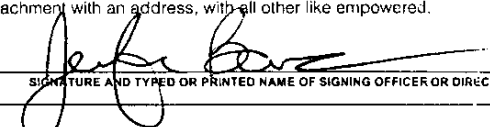


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90842 017 ***150.00

DOCUMENT # P05000154859 1. Entity Name BONANZA LANDSCAPING, INC.					
Principal Place of Business 4321 WEST MCNAB ROAD #20 POMPANO BEACH, FL 33069 US			Mailing Address 4321 WEST MCNAB ROAD #20 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box # 825 NE 10th Av		3. Mailing Address 825 NE 10th Av			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pompano Beach		City & State Pompano Beach, FL		4. FEI Number 20-3847571	
Zip FL		Country 33060		Zip 33060	
Country 33060		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACZYNSKI, JENNIFER-LEE 4321 WEST MCNAB ROAD #20 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 825 NE 10th Av City Pompano Beach FL Zip Code 33060	
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  DATE 4-18-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BACZYNSKI, JENNIFER-LEE <input type="checkbox"/> Delete 4321 WEST MCNAB ROAD #20 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NAVAMUEL, ROBIN <input checked="" type="checkbox"/> Delete 4135 NW 78TH LN CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA BACZYNSKI, JENNIFER-LEE <input type="checkbox"/> Delete 4321 W. MC NAB ROAD #20 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR NAVAMUEL, ROBIN <input checked="" type="checkbox"/> Delete 4135 NW 78TH LN CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4-18-07 9548256203		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		