2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P06000007269

VAZQUEZ LAWN SERVICE, INC. 40074050 Principal Place of Business Mailing Address 8687 PINION DRIVE 8687 PINION DRIVE LAKE WORTH, FL 33463 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-4136687 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, STEFFANI T Street Address (P.O. Box Number is Not Acceptable) 1704 17TH LANE LAKE WORTH, FL 33463 City 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, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MUE PO Delete ITTLE ☐ Change ☐ Addition VAZQUEZ, EVELIO NAME NAME STREET ADDRESS 8687 PINION DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TIME ☐ Delete HILL ☐ Change Addition VAZQUEZ, NORMA I NAME NALS STREET ADDRESS 8687 PINION DRIVE STREET ADDRESS CITY ST-ZIP LAKE WORTH, FL 33463 CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SURFET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY ST ZIP TITLE Delete TITLE ☐ Change ■ Addition NAMÉ NAMŁ STREET ADDRESS STREET ADDRESS CDY \$1 ZIP CHY ST /IP ☐ Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CDY SI-7/P CHY ST ZIP DILE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 60.7 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

CHY ST /IP

SIGNATURE:

CHY SE ZIP

Daytenin Phone #

FILED

Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90057 001 ***158.75