

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2007 90136 009 ***150.00

DOCUMENT # P06000020305

1. Entity Name
HECTOR VALIENTE LAWN SERVICE CORP.




Principal Place of Business Mailing Address
2880 SW 136 AVE EAST **2880 SW 136 AVE EAST**
DAVIE, FL 33330 **DAVIE, FL 33330**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2800 SW 136 Ave. East **2800 SW 136 AVE. EAST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE, FL **DAVIE, FL**
 Zip Country Zip Country
33330 **USA** **33330** **USA**

40090000



03272007 Chg-P CR2E034 (12/06)

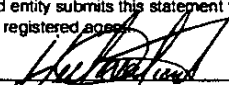
6. Name and Address of Current Registered Agent
VALIENTE, HECTOR
2880 SW 136 AVE EAST
DAVIE, FL 33330

4. FEI Number
52-2344746 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **same**
 Street Address (P.O. Box Number is Not Acceptable)
2800 SW 136 AVE EAST
 City **DAVIE** FL Zip Code **33330**

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: **3/28/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VALIENTE, HECTOR 2880 SW 136 AVE EAST DAVIE, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALIENTE, HECTOR 2880 SW 136 AVE EAST DAVIE, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 2800 SW 136 AVE EAST DAVIE, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address is wrong
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 2800 SW 136 AVE EAST DAVIE, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address is wrong
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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"/> 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: **3/28/07** DAYTIME PHONE #: **754.224.1669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #