

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030408

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: VARGAS LAWN SPECIALISTS, INC.

**Current Principal Place of Business:**

3342 MONICA PKWY.  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51501  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 20-4455897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELHOUCAT, MARY  
3934 TROPICAIRE BLVD.  
N. PORT, FL 342867116 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VARGAS-GUTIERREZ, MOISES  
Address: 3342 MONICA PKWY.  
City-St-Zip: SARASOTA, FL 34235

Title: VD ( ) Delete  
Name: VARGAS-GUTIERREZ, NOE  
Address: 3342 MONICA PKWY.  
City-St-Zip: SARASOTA, FL 34235

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE VARGAS-GUTIEREZ

VD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date