

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90050 006 \*\*\*150.00

**DOCUMENT # P06000038578**

1. Entity Name  
**LANDSCAPING FOR MIAMI BEACH, INC.**



Principal Place of Business  
**1568 WASHINGTON AVE - # 17  
MIAMI BEACH, FL 33139**

Mailing Address  
**1568 WASHINGTON AVE - # 17  
MIAMI BEACH, FL 33139**



2. Principal Place of Business - No P.O. Box #  
**300.17 STREET**

3. Mailing Address

Suite, Apt. #, etc.  
**APT - 106**

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH**

City & State

Zip  
**33139** Country  
**USA**

Zip

Country

06192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**# 043808765**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**TINCO, JESUS  
1568 WASHINGTON AVE - # 17  
MIAMI BEACH, FL 33139**

## 7. Name and Address of New Registered Agent

Name  
**TINCO, JESUS**  
Street Address (P.O. Box Number is Not Acceptable)  
**300.17 STREET  
APT. 106**  
City  
**MIAMI BEACH FL Zip Code 33139**

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

*[Signature]*

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TINCO, JESUS  
1568 WASHINGTON AVE - # 17  
MIAMI BEACH, FL 33139** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**300.17 STREET APT. 106  
MIAMI BEACH FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: \*

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #