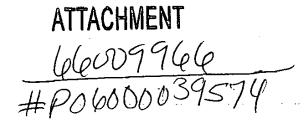
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2008 8:00 am Secretary of State

1. E	DCUMENT # P06000039574  INITY Name  INNY B. F. CORP.	04-14-2008 90066 044 ***150.00
121	Cipal Place of Business  Mailing Address  SW 57 CT  J 2 SW 57 CT  J 3144  MilAMI, FL 33144	66009966
	12 Sow. 57 CT. Mianui, FC rincipal Place of Business - No P.O. Box # 3. Mailing Address 12/ Sw 57 CT 12/ Sw 57 Juite, Apr. #. etc. Suite, Apr. #. etc.	33/44 CT 04102008 Chg-P CR2E034 (12/06)
C	City & State  MIGMI FL City & State  MIGMI FL	APPLIED FOR 20-452-5033 Applied For Not Applied For
2	33144 USA Zip 33144 Country	Y N S A 5. Certificate of Status Desired
CORRECT.	_6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent Name
121	NSECA, MENANDRO B ■SW 57 CT AMI, FL 33144	Street Address (P.O. Box Number is Not Acceptable)
İ		City FL Zip Code
	NATURE Signature, typed or printed name of registered agent and 15e in applicable.  (NOTE Registered Pacification Comparign Finance Trust Fund Contribution.	Agent agreets required when renetating)  DATE  DING \$5.00 May Be Added to Fees
10.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE HAME STREE	FONSECA, MENANDRO B SR.  ET ADDRESS SW 57 CT 121 S.W. 57 CT.  STREE	☐ Change ☐ Addition
	E Delete TITLE  E MAARE ET ADDRESS STREE	Change Addition  1 ADDRESS 51-ZIP
	E MAME FT ADDRESS STREE	T ADDRESS ST-2IP
1 '	E HAME STREES STREE	T ADDRESS 51-2IP
I -	E HAME FI ADDRESS STREE	Change Addition
1	E INAME STREE	T ADDRESS ST- ZIP
	I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this apport or supplemental report is true and acquired and that my signate of the composition for the repaired or frustee empowered to officially his report as required and or on an attachinest with an address, with all or the like empowered.  GNATURE  SOMATURE AND TYPED OR PRINTE! HAME OF SIGNING OF PICER ON DELECT.	mptions contained in Chapter 119, Florida Statutes. I further certify that the Information are shall have the same logal effect as if made under oath; that I am an officer or director and by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if  ### ### ###########################



## APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DOCUMENT# G06081900055

Fictitious Name to be Registered: FONSECA'S LANDSCAPING

**Mailing Address of Business:** 

121 SW 57 CT MIAMI, FL 33144

Florida County of principal place of business: DADE

FEI Number: 20-4525033

FILED Mar 21, 2006 Secretary of State

Owner(s) of Fictitious Name:

MANNY B. F. CORP. 121 S W57 CT MIAMI, FL 33144 Florida Registration Number: P06000039574 FEI Number: 20-4525033

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

MENANDRO B. FONSECA Electronic Signature(s)

Date

03/21/2006

Certificate of Status Requested (X)