




2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-15-2007 90022 032 ***158.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000049910					
1. Entity Name MALDONADO LANDSCAPE & KITCHEN DESIGN, INC.					
Principal Place of Business 1084 WELCH RD NE PALM BAY, FL 32909			Mailing Address 1084 WELCH RD NE PALM BAY, FL 32909		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				03112007 Chg-P CR2E034 (12/06)	
				4. FEI Number 20-4721984	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, CALVITA 7610 EMERALD DRIVE W. MELBOURNE, FL 32904			Name Carlos M. Maldonado-Vazquez		
			Street Address (P.O. Box Number is Not Acceptable) 1084 Welch Rd		
			City Palm Bay FL Zip Code 32909		
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 3-12-07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MALDONADO-VASQUEZ, CARLOS	NAME			
STREET ADDRESS	1084 WELCH RD NE	STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32909	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Officer Garcia, Kelly A	NAME			
STREET ADDRESS	1084 Welch Rd	STREET ADDRESS			
CITY-ST-ZIP	Palm Bay, Fl. 32909	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 3-12-07 (321-610-0752)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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