

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 023 ***150.00

DOCUMENT # P06000065735					
1. Entity Name COAST TO COAST LANDSCAPE TECHS. CORP					
Principal Place of Business 10711 SW 216 STREET, SUITE 204 MIAMI, FL 33170			Mailing Address 10711 SW 216 STREET, SUITE 204 MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-1334742	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEGUE, LISSET 10711 SW 216 STREET, SUITE 201 MIAMI, FL 33170				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remitting) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME ALLEGUE, LISSET STREET ADDRESS PO BOX 65-2731 CITY-ST-ZIP MIAMI, FL 332652731	<input type="checkbox"/> Delete		TITLE ST NAME ALLEGUE LISSET STREET ADDRESS P.O. Box 83-6168 CITY-ST-ZIP MIAMI, FL 33283-6168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME FERNANDEZ, JESUS STREET ADDRESS PO BOX 65-2731 CITY-ST-ZIP MIAMI, FL 332652731	<input type="checkbox"/> Delete		TITLE P NAME FERNANDEZ, JESUS STREET ADDRESS P.O. Box 83-6168 CITY-ST-ZIP MIAMI, FL 33283-6168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FERNANDEZ, JASON STREET ADDRESS PO BOX 65-2731 CITY-ST-ZIP MIAMI, FL 332652731	<input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 4-29-08 305-274-1883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		