


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000088625

1. Entity Name
IMS LANDSCAPING, INC.



Principal Place of Business Mailing Address

**554 NORTH DEERFIELD AVENUE
 DEERFIELD BEACH, FL 33441** **554 NORTH DEERFIELD AVENUE
 DEERFIELD BEACH, FL 33441**



DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5153402 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUGER, ALLAN I
 6612 PARKSIDE DRIVE
 PARKLAND, FL 33067**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000842234
 03/11/08-80022-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, GILBERTO
STREET ADDRESS	554 NORTH DEERFIELD AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	HERNANDEZ, DANIELA
STREET ADDRESS	554 NORTH DEERFIELD AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *David W.* *2/24/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #