

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000092888

1. Entity Name  
THE CYPRESS LANDSCAPING & LAWN SERVICE, INC.



Principal Place of Business  
580 NW 157 LANE  
PEMBROKE PINES, FL 33028

Mailing Address  
580 NW 157 LANE  
PEMBROKE PINES, FL 33028



04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5204562

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLORES, OSCAR  
580 NW 157 LANE  
PEMBROKE PINES, FL 33028

**DO NOT WRITE  
IN THIS SPACE**

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, 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**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000428517  
05/21/08-80034-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FLORES, OSCAR  
STREET ADDRESS 580 NW 157 LANE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD  
NAME LOPEZ, JULIO  
STREET ADDRESS 580 NW 157 LANE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE SD  
NAME FLORES, ANA RUTH  
STREET ADDRESS 580 NW 157 LANE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #