

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092888

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

580 NW 157 LANE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

580 NW 157 LANE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-5204562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLORES, OSCAR
Address: 580 NW 157 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: LOPEZ, JULIO
Address: 580 NW 157 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: FLORES, ANA RUTH
Address: 580 NW 157 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR FLORES

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date