## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P06000099642

1. Enlity Name

FALCON LAWN SERVICE CORP.



Principal Place of Business

Mailing Address

12782 SW 114TH CT MIAMI, FL 33176 12782 SW 114TH CT MIAMI, FL 33176

## FILED Feb 11, 2008 08:00 Al Secretary of State



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1307727

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCON, LAZARO 12782 SW 114TH CT MIAMI, FL 33176

SIGNATURE:

## 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 it applicable (NOTE. Registered Agent signature required when reinstating) DATE   |   |  |           |                     |                           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00   |   | 9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees |           |                     |                           |
| 10.   | OFFICERS AND DIREC  | TORS   | 1400 1001 | 9817-887/298113-716 |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>FALCON, LAZARO<br>12782 SW 114TH CT<br>MIAMI, FL 33176 |  |           |                     |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |           |                     | 02/20/00-00005-003 (30;13 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |           | DO                  | NOT WRITE                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |           | IN.                 | THIS SPACE                |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |           |                     |                           |
| TIPLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |           |                     |                           |
| 12. I hereby certify that the information supplied with this filling 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. |   |  |           |                     |                           |