


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90054 031 \*\*\*150.00

**DOCUMENT # P06000104971**

1. Entity Name  
**LUIS LLERENA PROFESSIONAL TREE TRIMMING INC**



Principal Place of Business      Mailing Address  
**1 BRANDY HILLS DRIVE**      **1 BRANDY HILLS DRIVE**  
**PORT ORANGE, FL 32129 US**      **PORT ORANGE, FL 32129 US**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092007      Chg-P      CR2E034 (12/06)

4. FEI Number  
**84-1715349**      Applied For  
 Not Applicable

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

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

**LLERENA, LAURA M**  
**1 BRANDY HILLS DRIVE**  
**PORT ORANGE, FL 32129**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LLERENA, LUIS A	
STREET ADDRESS	1 BRANDY HILLS DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LLERENA, JOHNATHAN M	
STREET ADDRESS	1 BRANDY HILLS DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	S.T	<input type="checkbox"/> Delete
NAME	LLERENA, LAURA M	
STREET ADDRESS	1 BRANDY HILLS DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Luis A. Llerena*      \_\_\_\_\_      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR