


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000104971		
1. Entity Name LUIS LLERENA PROFESSIONAL TREE TRIMMING INC		
Principal Place of Business 1 BRANDY HILLS DRIVE PORT ORANGE, FL 32129 US	Mailing Address 1 BRANDY HILLS DRIVE PORT ORANGE, FL 32129 US	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1715349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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: Laura Llerena DATE: 4-14-08

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLERENA, LUIS A 1 BRANDY HILLS DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLERENA, JOHNATHAN M 1 BRANDY HILLS DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T LLERENA, LAURA M 1 BRANDY HILLS DRIVE PORT ORANGE, FL 32129
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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: X [Signature] Date: 4-9-08 Davime Phone #: 386 X 4515879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR