


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 035 ***150.00

DOCUMENT # P06000106814	
1. Entity Name LOZANO LANDSCAPING INC	

Principal Place of Business 24912 ADAMS STREET ASTATULA, FL 34705 US	Mailing Address 24912 ADAMS STREET ASTATULA, FL 34705 US
--	--

DO NOT WRITE IN THIS SPACE

40110000



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0597135	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**LOZANO, ARNULFO
24912 ADAMS STREET
ASTATULA, FL 34705**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	P LOZANO, ARNULFO 24912 ADAMS STREET ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TORRES, ERNESTINA 24912 ADAMS STREET ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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, without other line empowered.

SIGNATURE:  **5/20/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #