


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 040 \*\*\*150.00

<b>DOCUMENT # P06000111183</b>	
1. Entity Name FREDI'S LANDSCAPING CORP.	

Principal Place of Business 4930 SW 18 ST FORT LAUDERDALE, FL 33317 FL	Mailing Address 4930 SW 18 ST FORT LAUDERDALE, FL 33317 FL
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40108561



2. Principal Place of Business - No P.O. Box # 4930 SW 18 ST	3. Mailing Address 4930 SW 18 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05222008 Chg-P CR2E034 (12/06)

City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip 33317	Zip 33317

4. FEI Number 20-5446661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VILLAGRAN, FREDY 4930 SW, 18 ST FORT LAUDERDALE, FL 33317	
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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: Fredy Villagran DATE: 6/16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAGRAN, FREDY 4930 SW 18 ST FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARADIAGA, KARIINA L 4930 SW 18 ST FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Fredy Villagran DATE: 6/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR