## FILED Mar 13, 2008 8:00 am Secretary of State 01-31-2008 90027 010 \*\*\*150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

Marine Address SW APT B	DOCUMENT # P06000142301  1. Entity Name HIDALGO'S LAWN CARE, INC									
APT B	Principal Place	of Business	Mailing Address				•			
NAPLES, FL 34116  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc.		TERRA SW				]	(	0066000		
2. Principal Place of Blashering - No P.O. Box # 3. Missing Accidences  Suite, April **, etc.   O1162008   ChgP   CR2E034 (12/06)  Ciry & State   Cry & State   Cry & State   Sile - O162012   Sile - ChgP   Cr2E034 (12/06)  Zip   Country   Zip   Country   S. Certificate of Stort, A Desired   Se. 75 Applicable   Se. 75 Appl							,	00109100	<b>,</b>	
Suite, Apt. F. etc.    Suite, Apt. F. etc.    Suite   Coy & State   Sile - Old 2 y   2.3     Sile - Old 2 y   Sile - Old 2 y   2.3     Sile - Old 2 y   2.3   Sile - Old 2 y							F2017			
City & State  Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			. Bije 30,8 a. 10,10 a. 18 a. 19 a. 19	ATH 67010 11600 1400 1407 1619 1	#10#1 // JTD3		
PAMIREZ MARTINEZ, JOSE G   1775 40TH TERRA SW   1704   1705   1705 Applicable   17	Suite, Apt. #, etc.						Chg-P		.,	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  Fee Required  Provided Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  Fee Required  Provided Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  Fee Required  Provided Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Septime Agent	City & State		City & State			· 51 -	0624123	3 hasti		
RAMIREZ MARTINEZ, JOSE G 1775 40TH TERRA SW APT B NAPLES, FL 34116  Cay  Cay  FL Zip Code  FL Zip Co	Zip	Country Zip Co		Coun	try	5. Certificate	of Status Desired			
RAMIREZ MARTINEZ, JOSE G 1775 40TH TERRA SW APT B NAPLES, FL 34116  City FL Zip Code  8. The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, in both purpose of changing its registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorita. I am familiar with, and accept the obligation of registered agent, or both, in the State of Piorita. I am familiar with, and accept the Addition of the pioritary of the piorit		6. Name and Address of Current	Registered Agent		<u> </u>					
Size Address (P.C. Ban Number is Not Acceptable)    The above named arisky submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligation of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligation of registered agent, or both, in the State of Florida. I am farmitise with, and accept the obligation of registered agent, or both, in the State of Florida	DANADEZ	MADTINEZ JOSE C			Name					
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B. The above named entity submiss 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 and 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    Septime, front or present nems of registered agent and star familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.    SIGNATURE								•		
SIGNATURE Signature, Institute of impatient agent and their displacation.  PILE NOWNII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  PRAMIREZ MARTINEZ, JOSE G  SITRE! NOWES  SITRE! NOWES  SITRE! NOWES  SITRE! NOWES  SITRE! NOWES  CITY-S1-2P  IIILE  MAKE  SITRE! NOWES  CITY-S1-2P  Debte  MAKE  SITRE! NOWES  CITY-S1-2P  DEBT				City			FL Zip Coo	le		
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE	SIGNATURE Signature, typed or printed nerre of registered agent and bite of applicable. (MOTE: Registered Agent signature required when remassing)  DATE									
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12. Thereby 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	ľ									
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 onth; that I am an officer or director	12. I bereby	certify that the information supplied wi	th this filing does not qualify in	or the ex	emotions contained	in Chapter 119	, Florida Statutes, I I	further certify that the i	information	

of the corporation of 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 in changed, or on an estachment with an address, with all other like empowered.

SIGNATURE: Joze Gabino Ramines

1 22/08 (234)465-1564