FILED
May 27, 2008 8:00 am
Secretary of State
04-24-2008 90108 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000045690

1. Entity Name
DON FERNANDEZ LANDSCAPING, INC

Principal Place of Business	Mailing Address
18601 NE 14 AVE 310 NORTH MIAMI, FL 33179	18601 NE 14 AVE 310 NORTH MIAMI, FL 33179

66012297

04152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
115 MIAMI GARDENS RD	115 MIAMI GARDENS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33023 Country:	Zip: 33023 Country:

4. FEI Number 20-8871478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, LEOPOLDO 18601 NE 14 AVE 310 MIAMI, FL 33179	Name: FERNANDEZ LEOPOLDO Street Address (P.O. Box Number is Not Acceptable): 115 MIAMI GARDENS RD City: HOLLYWOOD FL Zip Code: 33023

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

4-15-08

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, LEOPOLDO 18601 NE 14 AVE #310 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FERNANDEZ LEOPOLDO 115 MIAMI GARDENS RD Hollywood, Fl. 33023 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4-15-008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #