

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048641

FILED
Jun 25, 2009
Secretary of State

Entity Name: MARTHA AGUILAR LAWN & GARDEN INC

Current Principal Place of Business:

5333 29TH PLACE SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5333 29TH PLACE SW
NAPLES, FL 34116

New Mailing Address:

FEI Number: 26-4719910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, COSME E
160 12TH AVENUE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGUILAR, MARTHA M
Address: 5333 29TH PLACE SW
City-St-Zip: NAPLES, FL 34116

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: AGUILAR, HARBIN N
Address: 5333 29TH PLACE SW
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA M AGUILAR

PD

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date