

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062491

FILED
May 06, 2008
Secretary of State

Entity Name: COLOR BY NATURE ARCHITECTURAL LANDSCAPING SERVICES, INC.

Current Principal Place of Business:

16521 SW 297TH TERRACE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

16521 SW 297TH TERRACE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AZICRI, ANA
16521 SW 297TH TERRACE
HOMESTEAD, FL 33033 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: P () Delete
Name: AZICRI, ANA
Address: 16521 SW 297TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: V () Delete
Name: AZICRI, LEON
Address: 16521 SW 297TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: ALVAREZ, ANYSSA
Address: 16521 SW 297TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANA AZICRI

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date