

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088583

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MASTER LANDSCAPING & LAWN CARE INC

**Current Principal Place of Business:**

652 N. VOLUSIA AVENUE  
PIERSON, FL 32180 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 534  
PIERSON, FL 32180

**New Mailing Address:**

**FEI Number:** 26-0664873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVELLANEDA, ARCARDIO  
652 N. VOLUSIA AVENUE  
PIERSON, FL 32180 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AVELLANEDA, ARCARDIO  
Address: P. O. BOX 534  
City-St-Zip: PIERSON, FL 32180 US

Title: VP  
Name: MOTA, MARIA  
Address: P. O. BOX 534  
City-St-Zip: PIERSON, FL 32180 US

I hereby 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 all other like empowered.

SIGNATURE: ARCARDIO AVELLANEDA

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date