


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119332		
1. Entity Name BRISAS LANDSCAPING INC		

FILED
08 JUL 21 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1705 SAN REMO CIRCLE HOMESTEAD, FL 33035	Mailing Address 1705 SAN REMO CIRCLE HOMESTEAD, FL 33035
--	--

2. Principal Place of Business - No P.O. Box # 8851 NW 11951 Apt 3101	3. Mailing Address 8851 NW 11951 Apt
Suite, Apt. #, etc. Hialeah	Suite, Apt. #, etc. 3101
City & State FL	City & State Hialeah FL
Zip 33018	Country Miami Dade
Zip 33018	Country Miami Dade

03242008 Chg-P CR2E034 (12/06)	
4. FEI Number 30-0449590	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIERRA, ANDRO 1705 SAN REMO CIRCLE HOMESTEAD, FL 33035	
---	--

7. Name and Address of New Registered Agent Name Andro Sierra Street Address (P.O. Box Number is Not Acceptable) 8851 NW 11951 Apt 3101 City Hialeah FL Zip Code 33018	
--	--

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 Andro Sierra (Signature) 04-04-08 (Date) <small>(NOTE: Registered Agent signature required when reinstating)</small>	
--	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANDRO 1705 SAN REMO CIRCLE HOMESTEAD, FL 33035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andro Sierra 8851 NW 11951 Apt 3101 Hialeah FL 33018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800121073818 ---03/24/08---01006---012---**150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
------------------------	--	------	-----------------

1/23
aw