## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

OffY-ST-ZIP

SIGNATURE:

## Mar 24, 2008 8:00 am Secretary of State DOCUMENT # P07000124779 1. Entity Name 03-24-2008 90041 039 \*\*\*150.00 T R LANDSCAPING INC Principal Place of Business Mailing Address 7724 DEMOREST ST. 7724 DEMOREST ST. ORLANDO FL 32807 US ORLANDO FL 32807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA-GONZALEZ, YISNEL Street Address (P.O. Box Number is Not Acceptable) 7724 DEMOREST ST. ORLANDO FL 32807 Zip Code 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, typed or pracéd name of registered adent unit ble if applicable. (NOTE: Registered Agent algenture required when reintinting) FILE NOW!!! FEE. IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change Addition GARCIA-GONZALEZ, YISNEL NAME NAME STREET ADDRESS STREET ADDRESS 7724 DEMOREST ST. ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-7IP Mile ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition наме STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete MILE THEFF NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ De ele TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-70 ☐ Change 🔲 Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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 attachnical with an address, with all other like empowered.

**FILED** 

P 02/27/08 4072832068