


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P68000017264	
1. Entity Name Rosy's Lawn Services Inc.	

FILED

11 JUN -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 8940 Andora Dr.	3. Mailing Address 8940 Andora Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State Miramar, FL	City & State Miramar, FL
Zip 33025 Country	Zip 33025 Country

4. FEI Number S10668934	Applied For <input type="checkbox"/> Not Applicable
--------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Marco, Corrales	
Street Address (P.O. Box Number is Not Acceptable) 8940 Andora Dr.	
City Miramar	FL Zip Code 33025

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: besttax1040@yahoo.com E-mail address to be used for future annual report notices.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marco, Corrales 8940 Andora Dr Miramar, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Abel
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.65 F.S.	
SIGNATURE: Marco Corrales	DATE: 5/18/2011 Daytime Phone: 786-277-2551