

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081373

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: ORCHID MAN LANDSCAPE ARTISANS, CORP.

**Current Principal Place of Business:**

8525 SW 81ST TERRACE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8525 SW 81ST TERRACE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 26-3340922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, JOSE G  
8525 SW 81ST TERRACE  
MIAMI, FL 33143 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS. ( ) Change (X) Addition  
Name: PEREZ, ALEJANDRA C PRES.  
Address: 8525 SW 81 TERR  
City-St-Zip: MIAMI, FL 33143

Title: MR. ( ) Change (X) Addition  
Name: PEREZ, ALBERTO J SEC  
Address: 8525 SW 81 TERR  
City-St-Zip: MIAMI, FL 33143

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: JOSE G PEREZ

VP

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date