## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105550

Entity Name: MR. HYPPO'S FABY LANDSCAPING SERVICES, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Kilciness	NOW Principal Place of Bilgings

1540 NE 141ST STREET, APT."B" 1540 NE 141ST STREET, APT. NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

1540 NE 141ST STREET, APT."B" POST OFFICE BOX 611743 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33162

FEI Number: 35-2353924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOAMELUS, HYPPOLITE

1540 NE 141ST STREET, APT."B"

NORTH MIAMI, FL 33161 US

JOAMELUS, HYPPOLITE

1540 NE 141ST STREET, APT.

NORTH MIAMI, FL 33161 US

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: 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 P
 ( ) Delete

 Name:
 JOAMELUS, HYPPOLITE

 Address:
 1540 NE 141ST STREET, APT.

 City-St-Zip:
 NORTH MIAMI, FL 33161

 Title:
 VP
 (X) Delete

 Name:
 JOAMELUS, FABIOLA

 Address:
 1540 NE 141ST STREET, APT.

 City-St-Zip:
 NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOAMELUS, HYPPOLITE
Address: 1540 NE 141ST STREET, APT.
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

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: HYPPOLITE JOAMELUS P 04/23/2009