FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	AL REPORT 996		/	ry of State CORPORATI INS			
DOCUM 1. Corporation I	MENT # Name	P930000	081318 (6))			
NPK LA	WN MAINTEN	ANCE & LANDS	SCAPING INC.			NA	1841
Principal Place of			Mailing Address				
9525 S.W. 24TH ST. 9525 S.W. 24TH ST. #D-106							
MIAMI FL 3310	65		MIAMI FL 33165		3. Date Incorporated or Qua	lified 3a. Date of Last Report	
					11/29/1993	05/01/1995	
2. Principal Place	ge of Business 9 S. ພິ 62	ا عد ا	2a. Mailing Address 26		4. FEI Number 65-0452626	Applied Fo	
Suite, Apt. #,			Suite, Apt #, etc.		5. Certificate of Status Desir	ed \$8.75 Addition	nal
22	7-10-5		27			Fee Hequired	
City & State	. FL.	<u> </u>	City & State		 Election Campaign Finand Trust Fund Contribution 	sing \$5.00 May B	
2010	Cou	19'EV A	Zip	Countr.		lity for intangible tax under s 199.032.	
24 7519	25 6		29	30	f lorida Statutes 10. Name and Address of	Yes No	
	9, Name and Ad	dress of Current Re	egistered Agent	81 Name			
MORALES, EDDY A 86 Street Addre						-	
	V. 24TH ST.			L1	Address (P.O. Box Number is Not Ac	085 J- 105	
#D-106				88			
MIAMI FL 33165					MIR	FI 85 83 83	
11. Pursuant to	the provisions of S	octions 607 0522 200	a Nova 1600 Florido Probato	s the about people	connection submits this statement for	the nurnose of changing its registered	1 - 66
SIGNATURE	400	MACON TO				the purpose of changing its registered the appointment as registered agent. I	am
SIGNATURE	ed agent or potth, in n, and accept the ut my attice typed or profess	and o'll ment o yet a di	rteiraggiolarie (iba)	the above named of earlies by the corrigration of the Bayerland Agent Supulse 13.	cregorial viber rantables	ne appointment as registered agent. I Ala 3 9 6 DA'E O OFFICERS AND DIBECTORS IN 12	
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14. If do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 12 or Block 3 changed, or on an attackment with an address

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/23/26 (305)-386-1450

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