

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90003 048 \*\*\*150.00

**DOCUMENT # P94000050818 .**

1. Entity Name  
**GREEN POWER LAWN SERVICE & LANDSCAPING, INC.**



Principal Place of Business

**11401 SW 59 TERR.  
MIAMI, FL 33173**

Mailing Address

**11401 SW 59 TERR.  
MIAMI, FL 33173**

**50021803**



**DO NOT WRITE IN THIS SPACE**

07032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0510415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ZUNIGA, OSCAR  
11401 SW 59 TERR.  
MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | ZUNIGA, OSCAR    |
| STREET ADDRESS | 11401 SW 59 TERR |
| CITY-ST-ZIP    | MIAMI, FL 33173  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **OSCAR ZUNIGA** **7/3/06** **786-525-2026**

# ATTACHMENT

50021803  
#P9400005818

To whom it may concern:

I am enclosing the corp. form with 150.00 due to the fact that I never received any kind of notice prior to notice to dissolve.

Thank you  
Oscar Zuniga

Oscar