## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057112

Entity Name: DREAM'S LANDSCAPING, INC.

FILED May 10, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14 UTILITY DRIVE 2 COOPER CT

**UNIT #14** PALM COAST, FL 32137

PALM COAST, FL 32137

**New Mailing Address: Current Mailing Address:** 

P.O. BOX 353847 2 COOPER CT

PALM COAST, FL 32135 US PALM COAST, FL 32137 US

FEI Number: 59-3284169 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:

GERARDO, ALFARO GIMENEZ, VICTOR E 12 ELDER DRIVE 2 COOPER CT

US PALM COAST, FL 32137 US PALMCOAST, FL 32164

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: VICTOR E. GIMENEZ 05/10/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

ALFARO, GERARDO GIMENEZ, VICTOR E Name: Name: PO BOX 350532 2 COOPER CT Address: Address:

City-St-Zip: PALM COAST, FL 32135 US City-St-Zip: PALM COAST, FL 32137 US

Title: DVPS Title: VΡ () Delete (X) Change ( ) Addition

Name: GIMENEZ, VICTOR Name: GIMENEZ, PAMELA 2 COOPER CT 2 COOPER CT Address: Address:

PALM COAST, FL 32137 US PALM COAST, FL 32137 US City-St-Zip: City-St-Zip:

(X) Delete Title: Title: () Change () Addition

GIMENEZ, PAMELA E Name: Name: 2 COOPER CT. Address: Address:

City-St-Zip: PALM COAST, FL 32137 US City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition

ALFARO, SORAYA F Name: Name: Address: PO BOX 350532 Address: City-St-Zip: PALM COAST, FL 32135 US 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.

VΡ SIGNATURE: PAMELA E. GIMENEZ 05/10/2008