

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7158-75
FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000020210	
1. Entity Name ISRAEL GARDEN LANDSCAPING & LAWN SERVICES, INC.	
Principal Place of Business 20521 SW 54 PLACE PEMBROKE PINES, FL 33332	Mailing Address 20521 SW 54 PLACE PEMBROKE PINES, FL 33332



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0564186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMACHO, ISREAL 20521 SW 54 PLACE PEMBROKE PINES, FL 33332

**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 renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000109479
04/12/04-80044-019 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMACHO, ISRAEL 20521 SW 54 PLACE PEMBROKE PINES, FL 33332
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/7/04 Daytime Phone: _____