200 4	UNIF	ORM BU	SINE	SS REPO	RT	(UBR)								
DOCUMENT # P95000052816 1. Entity Name TONEY'S LAWN SERVICE INC.														
								TYISION OF COP STA						
Principal Place of Business 15 N.E. 170TH ST. N. MIAMI BEACH FL 33162			15	Mailing Address 15 N.E. 170TH ST. N. MIAMI BEACH FL 33162				O4 MAY 14 AM 10: 46						
2. Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			C	City & State			4. F	El Number	65-05	599997			plied For t Applicable	
Zip		Country		ip 	Coun	try		Certificate of S			Fe	8.75 Add e Required		
	6. Name an	d Address of Curr	ent Regist	ered Agent		Name	7. N	ame and Add	iress o	f New Reg	istered Ag	ent		
CORRALES, LINDOLFO 15 N.E. 170TH ST. N. MIAMI BEACH FL 33162					Street Address (P.O. Box Number is Not Acceptable)									
	DENOTT E OU	·				City					FL	Zip Code	9	
8. The above	named entity s	ubmits this stateme	nt for the p	urpose of changing its	s register	ed office or reg	istered age	ent, or both, in	the St	ate of Floric	la.			
SIGNATURE .	Signature, typed or p	vinted name of registered a	gent and title if	applicable. (NO	TE: Registere	d Agent signature re	quired when re	instating)	· <u>-</u>		DATE			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			_	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550. Make Check Payable to Department of										
11,		OFFICERS A	ND DIREC	TORS	12,		ADI	DITIONS/CHA	ANGES	TO OFFICE	RS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORRALES, 15 N.E. 170 N. MIAMI BE	th St.		□ Delete .	- 2							□ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Defete			(200 06/04/04	1 0 :3	766 1055(Change :23 *150.0	☐ Addition	
NAME STREET ADDRESS CHY-ST-ZIP				. Delete	- 1				-	-		_ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP	,		:	□ Delele			· ·				[Change	☐ Addition	
NAME TREET ADDRESS /-ST-ZIP	,		•	☐ Delete		Į.					[☐ Change	Addition	
indicated	i on this report o	ır supptementat rep	ort is true a	ing does not qualify fi and accurate and that to execute this repor other like empowered	mv signa	ture shall have	the same t	egal effect as	: if mad	e under oal	lh: that I am	an officer	or director	
SIGNAT	URE: X	SIDMATURE AND TYPE	OR PRINTED	NAME OF SIGNING OFFICE	OR DIREC	ron			Dak	27	Day	ime Phone #		

To, Dept of State 4-25-04 Corporation Annual Report Enclosed Check For 150-Gor 2004 Kenewal, 9 000 dont have internet and didn't have enough time to Wait for the Forms to be receive by MAIL, There fore I am enclosing this Please help me accept These and update my record Thank You kindly.