

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000053332

1. Entity Name
GREEN WORLD LAWN AND LANDSCAPING SERVICES,
INC.



Principal Place of Business
2750 NE 7TH TERRACE
POMPANO BEACH, FL 33064 US

Mailing Address
2750 NE 7TH TERRACE
POMPANO BEACH, FL 33064 US

**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90259 038 ***158.75



04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILHO, JOSE I 2750 NE 7TH TERRACE POMPANO BCH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) 5111 NW 43rd. Avenue City Coconut Creek, FL Zip Code 33073	

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 *Jose J. Filho* JOSE I. FILHO PRESIDENT

(NOTE: Registered Agent signature required when restating)

04/28/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILHO, JOSE I 2750 NE 7TH TERRACE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5111 NW 43rd. Avenue Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILHO, JOSE I 2750 NE 7 TERRACE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5111 NW 43rd. Avenue Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jose J. Filho* 04.28.06 (954)943-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #