

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/22/

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90007 013 \*\*\*150.00

**DOCUMENT # P96000027292**

1. Entity Name  
**COMMERCIAL LANDSCAPE MANAGEMENT INC.**



Principal Place of Business  
**PO BOX 667598  
MIAMI, FL 33166-9402 US**

Mailing Address  
**PO BOX 667598  
MIAMI, FL 33166-9402 US**

**66419256-0000**



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0654403**

Applied For  
☐ Not Applicable

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

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

**SANTIAGO, CASAMAYOR  
9817 NW 29 ST  
MIAMI, FL 33172**

**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: *S. Casamayor*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-17-04**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE: **S**  
NAME: **CASAMAYOR, SANTIAGO**  
STREET ADDRESS: **9958 N.W. 29 STREET**  
CITY-ST-ZIP: **MIAMI, FL 33172**

TITLE: **S**  
NAME: **CASAMAYOR, NADIA**  
STREET ADDRESS: **9817 NW 29 ST**  
CITY-ST-ZIP: **MIAMI, FL 33172**

TITLE: **P**  
NAME: **CASAMAYOR, SANTIAGO**  
STREET ADDRESS: **9817 NW 29 ST**  
CITY-ST-ZIP: **MIAMI, FL 33172**

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 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: *S. Casamayor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**5/3/04**

Date

**305 3891922**

Daytime Phone #