


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000073920</b> 1. Entity Name <b>LUIS SALGUES LAWN MAINTENANCE, INC.</b>	
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Principal Place of Business <b>198 WILD PINE ROAD WELLINGTON, FL 33414</b>	Mailing Address <b>198 WILD PINE ROAD WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0717548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**SALGUES, LUIS A  
198 WILD PINE ROAD  
WELLINGTON, FL 33414**

**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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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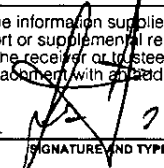
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALGUES, LUIS A 198 WILD PINE ROAD WELLINGTON, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALGUES, LIA M 198 WILD PINE ROAD WELLINGTON, FL 33414</b>
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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:  **Luis SALGUES** **05/04/06** **(561) 792-4929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone