

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000100192 1. Entity Name A & A LAWN SERVICE, INC.	
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Principal Place of Business 900 S.W. 87 AVENUE MIAMI, FL 33174	Mailing Address 900 S.W. 87 AVENUE MIAMI, FL 33174
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03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717692	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent TOLEDO, HERIBERTO Q 900 S.W. 87 AVENUE MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reconstituting) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOLEDO, HERIBERTO Q 900 SW 87 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS TOLEDO, LILIA 900 SW 87 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOLEDO, HERIBERTO JR 900 SW 87 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/07/06-80018-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Lilia Toledo Lilia Toledo 3/21/06 305-226-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #